Lectures ON AMENORRHŒA.

Delivered at University College Hospital,

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LECTURE I.—PART II.

WE are now in a position to study amenorrhœa. Menstruation being the result of the disintegration of a membrane—the decidua—formed during the intermenstrual interval in the cavity of the uterus, it follows that amenorrhœa is due to failure in the growth or in the destruction of this membrane.

The amenorrhœa of pregnancy, which is physiological, is doubtless due to the latter condition—failure in the destruction of the decidua. In this case the decidua becomes the decidua vera, and becomes destroyed and shed only after the birth of the fœtus. Amenorrhœa which is independent of pregnancy, pathological amenorrhœa, is due, as a rule, to a want of formation of decidua, to failure in the nutrition and evolution of the uterus.

It is admitted on all hands that when menstruation is about to take place, the decidua is greatly developed and congested. On the other hand, a large number of uteri of women who had been amenorrhœic for months or years before death have been examined, and in none of them has been found a decidua such as that which is present just before menstruation. Indeed, I believe that by post-mortem examination of the uterus alone it can be said with great probability whether or no the woman was amenorrhœic. The decidua in the uterus of a person suffering from amenorrhœa is extremely thin and of uniform thinness over the whole of the cavity of the body, and there is no abrupt line of distinction between it and the subjacent muscular wall; while in the regularly menstruating woman it is never of uniform thickness over the whole surface, though in part or wholly it may not be abruptly distinguished from the muscularis. There are, I believe, some cases in which no menstrual blood is discharged, although a decidua is developed every month, and removed in part, if not entirely. In such cases the decidua may be detached in shreds, or removed as a white discharge.

Amenorrhœa may be primitive or acquired. In the first form menstruation has never taken place, or if it has occurred at all, the discharge has always been scanty, or has appeared at prolonged intervals, or both. In the second form menstruation has taken place regularly and healthily, and has afterwards become suppressed.

The following table represents the various forms of this affection, their causes and pathological significance:—

Primitive amenorrhœa.	Menstruation absent (emansio mensium).	No formation of decidua.	Uterus undeveloped or absent; ovaries well- or ill-developed or absent.	
			Uterus well-developed, but inactive. Ovaries well-developed.	Anæmia. Chronic disease. Bad hygienic conditions. Emotional shocks. Physical shocks. Acute diseases. Change of residence. Exposure. Bathing. Plethora. (?)
	Menstruation scanty.	Scanty formation of decidua.	Uterus small. Ovaries well- or ill-developed.	
			Uterus well-developed.	Anæmia. Bad health.
	Menstruation irregular and generally scanty.	Irregular and generally scanty formation of decidua.	Uterus usually small, but may be well-developed.	Anæmia. Bad health.
Acquired or secondary amenorrhœa.	Menstruation absent (suppressio mensium).	No decidua formed.	Uterus and ovaries well-formed.	Anæmia. Chronic disease of lung, liver, kidney, ovaries, uterus, or gastro-intestinal canal. Bad hygiene. Shocks, physical or emotional. Acute diseases. Blood-taint. Exposure. Bathing. Change of residence.
			Over-involution after labour.	
			Early menopause.	

Retention of the menses is usually described under amenorrhœa; it is, however, properly speaking, a form of dysmenorrhœa, and I will describe it under that head.

Primitive amenorrhœa.—The form of it, in which the discharge has never appeared, is not of frequent occurrence. Of 1800 cases which have been treated as out-patients at University College Hospital during the last four years, there were only 5 over twenty years of age who had not menstruated.

Absence of both ovaries is of extremely rare occurrence. Absence of one ovary is more common, but still very rare. Imperfectly developed ovaries are not so rare. These conditions cannot be recognised with any degree of certainty during life.

Entire absence of the uterus is infinitely rare. The organ is occasionally represented by a fibrous mass, and it may attain any degree of development between this condition and the fully and healthily developed state.

An imperfectly developed uterus is the most common cause of primitive absence of the catamenia, and is by no means an infrequent cause of scanty and irregular menstruation, as the following cases illustrate.

Ellen G——, aged twenty-six years, a servant, had never seen any coloured discharge. She had never had any sense of weight or pain in the back, pelvis, or thighs, nor any symptoms indicating an effort at menstruation. She has never been considered delicate. She works hard; her appetite is good, but she does not care for meat; she lives on tea and bread and butter chiefly. She has one sister, aged twenty-nine, who has never menstruated, and another who is regular. The mother became regular at twenty-four years of age. The vagina was well-formed, the cervix uteri

was well-developed, but the body was very small. It could be easily examined bimanually. Sound entered an inch and a half. Some time after she came under observation she complained of headache, pain in the back and legs, and sickness. Sometimes she brought up blood. She thought she was like this every month, but observation showed she was mistaken. The blood came into the mouth, and she spat it out; it was not vomited. She complained also of a white vaginal discharge, which, however, did not increase periodically. She was under observation for three years, and towards the latter part of the time she lost flesh, and complained of shortness of breath, and, on physical examination of the chest, some dulness with harsh breathing was discovered at the left apex.

This was a case of undeveloped uterus in which no decidua was found, and the patient consequently suffered from amenorrhœa. The condition of the ovaries was uncertain. She was ordered quinine and iron, upon which she greatly improved. Recourse was afterwards had to hot hip-baths, and while under this treatment the leucorrhœa appeared. She then took ergot, nux vomica, and diuretics, guaiacum, iodide of potassium and bromide, but without any apparent good effects. Then galvanism was employed; one pole was applied to the fundus, and the other to the cervix uteri, and then to the lumbar and to the ovarian regions. This was at first done three times a week, and afterwards once a week for several months. She said she felt better under this treatment, though the menstrual flow never appeared. There was evidence of the favourable effect of electricity on the womb however, for it seemed to increase in size, and the sound entered now for two inches. You must not regard the bleeding, which in all probability was pulmonary, as vicarious, but as due to the condition of the left lung. I have lost sight of her, but the loss of flesh and physical signs seem to point to commencing phthisis. The patient improved in health while she was taking tonics, and I much regret that treatment was not then suspended, for she afterwards became worse, and I have grave doubts whether the galvanism did her any good. She did not suffer at all from the amenorrhœa, except that she was sorry she was not like other women; and whether the development of the uterus brought on or favoured the lung mischief I am unable to state. The case will, however, make me more cautious in recommending the direct use of electricity in such cases for the future.

The next case is one in which evolution had progressed one degree further than in the preceding, and became then arrested. S. W——, a patient of Dr. Bastian, suffered from a form of chorea which was nearly well when I saw her. She had been married seven years, and had never been pregnant. From her fifteenth year she had suffered pain every four weeks in the back and across the stomach, a "nasty dragging" pain in the groins, a bearing-down pain in the pelvis, and leucorrhœa. These pains lasted two or three days on each occasion, but were worse on the first day. At these times there was an increase in the amount of yellow discharge. The pain in the groins came on from twelve to twenty-four hours before the discharge, and was followed by bearing-down pain, and gushes of yellow fluid. The discharge lasted two or three days, and contained "lumps." At these times she had frontal headache and nausea. Since her marriage the pains have been much the same as they were before that event, but she feels worse because she has become nervous and hysterical. The vagina and cervix uteri were well formed, but the body was small—smaller than the cervix. The sound could be introduced for two inches without pain. A body similar to the right ovary could be felt in the situation of that organ. It was slightly harder. I did not treat the patient medicinally as she was under the care of Dr. Bastian, but she was treated for some months with the continuous current—one pole applied to the lumbar region, and the other to the uterus and ovaries—once a week. It brought on a discharge of blood on one or two occasions, and this happened at the time she expected an increase of the white discharge. The amenorrhœa, however, was not cured.

This was a case in which the ovaries appeared to be well developed, while the uterus remained in an imperfect state. The condition present, however, is an advance on that met with in the first case: the uterus was larger, and a decidua seemed to be formed every month, and was probably removed as a white discharge; there was an attempt at menstruation, but hæmorrhage did not take place. There can be no doubt that the decidua may be removed without any loss of blood, or at least without any appreciable loss of blood, and it seems probable that the "lumps" in the periodic discharge in this case were shreds of decidua. Indeed, the case appears to be one of true white menstruation. It is not uncommon to meet with this kind of periodic flow in young girls before the menstrual function is fully established. It may return periodically for months or even years, and then be superseded by the sanguineous monthly flux. It seems to be due to an imperfect development of the muscular wall of the uterus, and it is to this that I attribute the absence of blood in the flow in this case. You are aware that the body and cervix of the uterus differ materially in structure as well as in function. The cervix is composed of fibrous tissue and muscular elements; while the body is composed chiefly of muscular elements, with which are mixed a very small proportion of fibrous tissue. Before puberty, though in immense excess over the fibrous, still the muscular element does not preponderate over the latter to the same degree as when the organ is fully developed. In this case the body of the uterus had preserved in a great degree the infantile character. I said, when describing what occurred during menstruation, that the contraction of the uterine wall was one of the causes of congestion of the decidua, rupture of the vessels, and subsequent hæmorrhage. The cases of young girls in whom a white flux occurs periodically before menstruation appear to support this view, and the case we are discussing supports it in an especial manner, for the continuous current caused a discharge of blood only at the time when an increase was expected in the white discharge, and the result was apparently due to the contraction of the muscular wall induced by the current. This case forms a transition from primitive absence of menstruation to scanty menstruation.

The third case is one in which development was still further advanced, and is an example of the second form of primitive amenorrhœa. C. R——, aged forty-five, married, but sterile. She does not remember when the catamenia first made their appearance, but she has always been regular every four weeks, without pain. The discharge, however, was extremely scanty (never much more than a stain), though it lasted three or four days. The vagina was somewhat smaller than natural, and the uterus markedly so.

The next example falls under the third form of primitive amenorrhœa—irregular menstruation. M. R——, aged twenty-six, single, began to menstruate in her seventeenth year. She was regular every four weeks for a few months, then menstruation ceased for a few months, returned again regularly for a few months, and again stopped. This has been going on until now. The discharge was abundant, lasting a week. The last menstruation occurred four months ago. She says that the bowels have been relaxed for two years, and that last summer she had a sharp attack of diarrhœa, and since that time she has not menstruated. She complains of pain in the back and legs and under the left bladebone. The tongue was clean; she was not anæmic. The cervix uteri was smallish; the os uteri was large, patulous, and the lips softish; the sound entered two inches in the normal direction. On bimanual examination the uterus was found much smaller than normal; the cervix was small, but the body was still smaller in thickness than the cervix. This patient was treated by tonics—steel,—and the bowels were regulated, and menstruation soon returned, though the uterus was markedly smaller than the normal.

Another form of irregular menstruation is exemplified in the following case. M. P——aged twenty-four, single, was first poorly in her fifteenth year. The catamenia were regular from the first. The intermenstrual interval amounted sometimes to six weeks or two or three months. The discharge was very scanty, and accompanied by a great deal of pain in the back and pelvis. This condition is still present. The uterus was small and slightly anteflexed.

These cases form a series which represent the stages through which the uterus passes in the course of its evolution. In most cases these stages are transitional only, and then they are natural, but when they become permanent they are abnormal. Such arrest is by no means infrequent,

but the permanent condition is, as a rule, one nearly approaching full development.

I have not spoken of the causes of primitive amenorrhœa in subjects whose uteri are well developed, and it is not necessary to speak of these separately, inasmuch as they are the same as those conditions which give rise to suppression of menstruation in persons who have been regular.

Suppression of menstruation.—Menstruation has been regularly established, and the uterus is, with one exception to be mentioned, well developed; but, owing to some recognisable cause, the menses have been suppressed. Such cases are by no means uncommon. The suppression may take place suddenly, or the flow may become gradually less and less until it finally ceases. The latter is generally due to some chronic disease, while the former results from some sudden cause brought to bear on the patient.

Sudden suppression may take place during a menstrual flow, as in the following case:—L. T——, aged eighteen years, single, had menstruated regularly every four weeks, without pain, since her fifteenth year. The discharge lasted on each occasion three days. It was enough. She had a good fresh colour until five weeks ago, when she was frightened. She fainted with fear. On that day the flow had made its appearance. It stopped at once. The next day she had a colour, and in the evening she was somewhat flushed; but on the following day she was as pale as when she came under observation. She was exceedingly pale; almost bloodless. In other respects she did not suffer, but she was less bright and joyous than formerly. She took iron, and rapidly improved, and in a few weeks menstruation returned slightly. This patient was well formed, and though no vaginal examination was instituted, there is no reason to think that the uterus was not well developed.

In this case the anæmia and amenorrhœa were both the sudden and almost instantaneous effects of the fright, and the suppression of the menses appeared to have no baneful effects. Sudden suppression of the flow, however, may be followed by dire results—severe illness, and even death. A patient whom I saw with Mr. Derry Jones rode for several miles in a hansom cab on one of the coldest days of a late severe winter. She was at the time menstruating. She felt cold, shivered. The flow stopped at once. She became feverish, had severe pain in the abdomen; general peritonitis soon set in, and in four days from the exposure she was dead. Such serious results are not common, yet they occur with sufficient frequency to warn us of the danger of careless exposure during a menstrual epoch.

The evil results which may arise from sudden suppression of the menses are acute ovaritis, general and local peritonitis, and, it is said, acute metritis. The latter is exceedingly rare. But sudden suppression may be due to a cause acting, during an intermenstrual interval, suddenly and for a short time, or for a prolonged interval, as in the following cases.

S. F——, aged eighteen, had been regular, without pain, from the age of sixteen until August, 1876. In that month she crossed from Antwerp to London; it was a fortnight after her last period. She came on deck, was thinly clad, shivered, and was sick on landing. She has not been well and has not menstruated since. She gradually lost her appetite, became paler and paler until she was almost bloodless. The exposure caused the anæmia, and the anæmia amenorrhœa.

When the suppression is the result of an innocuous cause, as change of residence, the amenorrhœa does not affect the general health, as in the following case.

J. B——, aged seventeen, single, began to menstruate in her fifteenth year. She was regular every four weeks, without pain, until December, 1875. She was born in Berkshire, and came to service in London at the date mentioned. She menstruated once soon after. I saw her twelve months after. She had not suffered in health or spirits. She had no molimen. She was not hysterical or nervous. The hymen was perfect. Bimanual examination per rectum showed the uterus to be well-developed, and in the normal position.

When the suppression is gradual, it is the result of some chronic disease, as anæmia, heart or lung disease, &c. Then we see many cases of amenorrhœa associated with other disorders of health. These disorders are in some not due to the amenorrhœa, but a direct result of the cause of the amenorrhœa; in others they are the intermediate step between the cause and the suppression; in a third class they are the direct result of sudden arrest of the menstrual flow, as when acute peritonitis follows it; and in a fourth class the general disorder is the cause of the absence of the catamenia.

Over-involution of the uterus and ovaries is a rare cause of amenorrhœa, but it is occasionally met with, as in the following case. S. H——, aged thirty; married sixteen years. Has had five abortions, the last nine years ago. The catamenia appeared first in her sixteenth year, regular; the discharge was profuse, clotty, and accompanied by great pain round the body. They ceased in her twenty-seventh year. Before cessation she had irregular floodings for several months. Afterwards she experienced menstrual molimen on several occasions. The uterus was very small on bimanual examination. The sound could be introduced for three-quarters of an inch only. On the left side of the uterus a small, hard, movable body, about the size of a small almond, could be distinctly felt. It was not tender, and was probably an atrophied ovary. This was a case of atrophy of the uterus, coming on after repeated abortions, and giving rise to amenorrhœa.

Early menopause is occasionally met with, as in Sarah Ann M——, aged nineteen, single. Catamenia appeared at the age of fourteen, without pain. The flow lasted three days, and was quite sufficient. She has not been poorly for four years. Does not know why the flow stopped. She complains of pain under the last left rib, which has been coming off and on ever since. For the last two years she has been giddy. She was pale, but has a good colour now. She has been getting thinner since the stoppage; occasional sickness. The uterus was like a thick cord, the cervix being the thickest part; the fundus could easily be reached and felt through the rectum. This case appears to explain cases of early menopause. The uterus was probably never developed, and after it had performed its functions for a little more than a year, the decidua could no longer be developed, and menstruation ceased.

Diagnosis of amenorrhœa.—Never forget that you may have to deal with a case of pregnancy. Having excluded this condition, you may proceed to diagnose the form of amenorrhœa present. Is it primitive or acquired? If primitive, is the discharge absent, scanty, or irregular? The most common cause of this condition is an imperfect development of the uterus. A few cases are due to anæmia or some affection of the general health. The uterus is not very small; evolution has proceeded to the verge of completion, and then failed. The uterus is two inches in length, or perhaps rather more, and its volume is smaller than that of a well-developed healthy organ. It is frequently, though not always, slightly anteverted; it may be retroverted. The vagina may be shorter than natural. If acquired, examine into the history. Was the condition brought on suddenly or gradually? The state of the general health will guide you. Look for anæmia, scrofula, lung, kidney, liver, or other chronic disease. Examine the state of the general development. The body and the breasts may be well formed when the uterus is small. The state of the pelvic organs can be discovered by vaginal examination only. The most frequent causes of suppression are disorders of the general health. You should always look for them.

Prognosis.—In a patient above twenty years of age, and in whom the function has never been performed, and no molimen present, the general health being good, prognosis is bad for the appearance of the flow; when the uterus is small, it is bad for the flow, but favourable to the general health. When the flow is scanty, and has been so for years, it is, as a rule, bad for improvement and bad for the general health. The same may be said of irregular flow. Sudden suppression during a flow may prove fatal in the course of a few days. It may, however, entail no permanent evil result. The general health may be affected simultaneously with the suppression and by the same cause, and then the general symptoms and the amenorrhœa are both results of the same cause. When the suppression has occurred during an interval, as through change of residence or too frequent sea-bathing, there is no necessary impairment of the general health. The flow may never return, but the amenorrhœa has no evil consequences. Amenorrhœa from over-involution has proved amenable to treatment.

Treatment.—In many cases you will not succeed in establishing menstruation, and indeed you should not endeavour to do so by any direct or local treatment. You should re-

member that menstruation is a function performed during a part of life only, and that it is not necessary either to life, health, or fertility. In all cases attend first of all to the general condition. No efforts should be made at establishing the monthly hæmorrhage until health is more or less good. When serious organic affections, as phthisis, Bright's disease, &c., are present the treatment should be exclusively directed to their cure, and no attempt should be made to induce menstruation. When the general health is good even, you should refrain from direct treatment of the amenorrhœa if there be no efforts at menstruation, for by partial success you may render intolerable a life which otherwise would have been free from suffering. These rules are applicable to all cases of amenorrhœa.

Let us now briefly refer to the different forms of amenorrhœa.

Menstruation is and always has been absent.—The great majority of cases of this class which will come under your observation will be young girls between sixteen and twenty years of age. Many of them will suffer from anæmia, and disorders of the digestive organs. Your first object should be to treat these conditions, and by the time they are cured menstruation will probably be established. Time will indeed come to your help. Such cases are instances of late or tardy evolution of the generative organs. The form and figure may be well developed, but the uterus grows slowly, and the treatment consists in waiting and adopting all means that favour its growth. There will, after all, remain a few—very few—in which the discharge will not make its appearance. In these, it will be found that the uterus is small, and the best treatment is non-interference.

Menstruation is scanty or irregular.—If it be due to an undeveloped condition of the uterus, and if it be accompanied by no pain, the general health being good, it requires no special treatment. General means, which favour physical development, as exercise of all kinds, may be recommended. If the scanty or irregular menstruation be accompanied by pain, it comes under the head dysmenorrhœa, where I shall speak of it. If the uterus have attained its full size you will in almost all cases—in all cases that require treatment—find a disordered state of the general health. The most common condition is anæmia. In such cases you should regulate the bowels, for there is generally constipation. Give iron, iodine, salines; good diet, fresh air, and exercise in the open air are essential. Exercises of all kinds are good—riding, walking, swimming, dancing. If the monthly molimen be present, emmenagogues may be prescribed; emmenagogues should never be administered when indications of ovarian and uterine action are absent. The medicines supposed to have a direct action in bringing on the menses are numerous, but few of them are of much or even of any value. The best are electricity, aloes, and the stimulating diuretics—nitrous ether, spirits of juniper, and oil of turpentine. Hot hip-baths for five or six nights in succession before the expected return of the molimen are useful. Guaiacum, ergot of rye, oil of savin, cantharides, have proved successful in the hands of some. Dr. Atthill recommends the cold hip-bath for eight or ten evenings in succession before the expected time.

Suppression of the menses.—When the suppression has taken place suddenly during a menstrual flow, the patient should have a hot bath, go into a warm bed, and take a dose of Dover's powder. A stimulating diuretic, or a diaphoretic, should be at the same time prescribed. Should fever, heat of skin, vomiting, pain in the abdomen, and symptoms of local inflammation or of general peritonitis set in, they should be treated irrespective of the suppression. If the flow is not re-established, the case becomes one of chronic suppression.

Chronic suppression.—The general health should be attended to, and if menstrual molimena be present they should be encouraged, and efforts made to establish the flow by the means already enumerated. If molimen be absent, you should limit your aid to the treatment of the general health.

DRAINAGE OF CAMBORNE.—The inhabitants of Camborne, dissatisfied with the supineness of the local board in not remedying the defective drainage of the town, pointed out twelve months ago, recently addressed to the board a memorial, couched in terms at once plain and emphatic, which must, we should suppose, secure attention.

THE RAPID CURE OF POPLITEAL ANEURISM BY ESMARCH'S BANDAGE.

A CASE, WITH REMARKS.

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FOR the notes of the following case I am indebted to my house-surgeon, Mr. Archer, who was good enough to carry out the treatment from the time I applied the bandage.

R. F——, aged forty-five, a bonnet-blocker from Luton, was admitted into Henry ward under Mr. Thomas Smith's care on March 7th, 1877, with an aneurism in the right popliteal space about the size of a hen's egg. The patient, a spare, healthy man, noticed the swelling three weeks since. He says it came of itself, and when first observed was about the size of a walnut. It has gradually increased, and is increasing in dimensions pretty rapidly. The aneurism pulsates very forcibly; the circulation can easily be controlled by pressure on the femoral, but flexion of the limb does not arrest the flow of blood through the sac. The patient complains of severe pain, especially at night, and in the recumbent position. Family history good; no personal history of syphilis; first sound of heart has a blowing character; urine healthy.

A few days' rest in bed diminished the tension of the aneurism and relieved the patient's pain considerably.

On March 17th, at 3 P.M., the treatment was commenced. The limb was rolled in a flannel bandage from the toes to the lower part of the popliteal space, and again from above the aneurism to the groin. Esmarch's india-rubber bandage was then applied, with only moderate firmness, from the toes to the aneurism, the patient being in bed; he was then made to stand up until the sac was well filled with blood, when the elastic bandage was applied from above the aneurism to the groin, where the limb was surrounded with the thick india-rubber tubing so as completely to arrest the circulation in the limb. The aneurism and popliteal space were thus left exposed, so that the least pulsation in the sac could be detected. In this way the circulation was stopped for one hour, during the last half of which chloroform was used on account of the pain. At the end of the hour, while the patient was still under chloroform, Esmarch's bandage was removed, and the Italian tourniquet was applied to the femoral and maintained in position for two hours. At the end of the first hour of the tourniquet pressure the patient began to complain of intense pain, and shivered a good deal, feeling, as he expressed it, "thoroughly cold." At 6.10 P.M., when three hours had elapsed, the tourniquet was removed on account of the intense pain, the patient refusing to take any more chloroform and being unable to bear the pain. The aneurism was found to be solid, and about half the size it had been at the commencement of the treatment. Towards night the patient complained of pain in the limb, and his temperature rose to 100·2°. Next morning he was still suffering from the effects of the chloroform, but had lost all pain in the limb, and in other respects was quite well. He was discharged from the hospital on April 6th, with the aneurism cured.

This case I believe to be of interest as adding to our knowledge of a method of treatment concerning which we need further experience before we can assign to it its proper function in the cure of aneurism. We are as yet ignorant of the precise details that may be advisable to adopt in carrying out this plan, and we do not yet know to what cases it may be best suited.

There can be no question that by Esmarch's bandage we can maintain a complete and continuous arrest of the circulation in a limb; an arrest that is not liable to interruption by the movements of the patient or the want of skill in his attendants—contingencies that are inseparable from the employment of a tourniquet.

Esmarch's bandage may thus be regarded as the most perfect means we at present possess of carrying out in certain localities the principles of Dr. Murray's rapid treatment of aneurism by pressure. It has been employed suc-

cessfully by Dr. Reid,[1] Mr. Wagstaffe,[2] Mr. F. A. Heath,[3] Mr. T. Wright,[4] and unsuccessfully by Mr. Bradley.[5] It is likely that many others have applied this treatment to the cure of aneurisms, though, perhaps, with indifferent success, since it is probable that mostly the cures have been published.

My own experience of this method of treatment consists of three attempts to cure popliteal aneurism, two being on the same patient, and on both occasions I was unsuccessful. The first failure, as I believe, was chiefly due to my having nearly emptied the aneurism of blood by pressure on the sac, and in the second attempt I could not be sure that the circulation in the sac was completely arrested, as I had covered the part with a bandage. In addition to these errors in the application of the treatment, I am now convinced that the arrest of the circulation was not maintained for a sufficient time to give the blood in the sac a fair chance of coagulating, even if other circumstances had been favourable to this process, which they were not.

In Mr. Bradley's unsuccessful case, he also made two attempts on the same patient to cure popliteal aneurism. His method of applying the treatment seems to have been essentially the same as was employed with success by myself and others.

As regards the plan pursued in the cases cured by Esmarch's bandage, the following is a short summary of the chief points of interest.

In all, the aneurism was of the popliteal artery. In all but one case—Mr. Wright's—the treatment was commenced by completely arresting the circulation in the limb for *one hour* by means of Esmarch's bandage, pressure being kept up after this time by means of a tourniquet. The tourniquet pressure was maintained in Reid's case for twelve hours; in Wagstaffe's for seven hours and a half; in Heath's case for five hours; in my own case for two hours; in Mr. T. Wright's case, Esmarch's bandage was kept on for two hours and a quarter, and at the end of this time pressure was kept up with more or less completeness for five days by means of a shot-bag. As to the time occupied in the cure, pulsation in the aneurism was known to have ceased at the end of fifty minutes in Mr. Reid's case; in two hours in Wagstaffe's case; in one hour in Heath's case; in three hours in my own; and in twenty-four hours in Wright's case. In this last case the pulsation returned to some extent after being absent for a few hours.

It is probable that coagulation of the blood in the sac may have occurred in these cases before the fact was ascertained by observing the absence of pulsation; in my own case, at the end of one hour from the commencement of the treatment, when the bandage was being changed for the tourniquet, it was observed that coagulation had not taken place, while at the end of two hours from this time the sac had ceased to pulsate; but during these two hours the condition of the blood in the aneurism could not be ascertained, as the pressure on the femoral was rigorously maintained. It was observed, however, that at the end of two hours from the commencement of the treatment the patient complained of very severe pain, and was attacked by shivering. At this time, I believe, the coagulation in the sac occurred.

With reference to the manner in which the pressure was applied, it is to be noticed that in Wagstaffe's and Heath's cases the elastic bandage was applied to the whole limb—with moderate firmness below the aneurism, loosely over the sac, and tightly above the sac; no elastic ligature was used at the groin. In Mr. Wright's case and my own, in addition to the elastic bandage to the whole limb, excepting over the sac, the elastic ligature was used below the groin. In Dr. Reid's case an elastic ligature was used below the groin, and no elastic bandage was employed to the limb. In Mr. Bradley's case and my own the aneurism was left quite exposed, so that its condition could be freely examined as regards pulsation and solidity. In three of the cases recorded, during the continuance of the treatment and probably at or soon after the occurrence of coagulation in the sac, a small artery was noticed to be pulsating vigorously over the aneurism. In all the successful cases the bandage was so applied that the sac was filled with blood at the time the circulation in the limb was arrested.

From the consideration of these cases, it seems that the conditions to be observed as most favourable to success are the following—namely, that the circulation in the limb should be for a time completely arrested, that the aneurismal sac should be full of blood, and that the circulation in the aneurism should be stopped for a sufficient time to allow the blood to coagulate.

For how long a time it may be prudent to exclude the blood from the entire limb by the Esmarch bandage, and when the more local effect of the tourniquet should be substituted for the Esmarch bandage, is a matter for further investigation. It is, however, probable, from the experience of long operations for necrosis performed under the Esmarch bandage, that we have not yet reached the limits of safety as regards the time during which the bandage may remain on the limb. One would suppose—though I daresay without sufficient grounds—that it would always be prudent to empty the arteries of the limb by the application of the elastic bandage before adjusting the elastic ligature above.

Stratford-place, W.

[1] THE LANCET, 1875, Sept. 25. [2] THE LANCET, 1876, vol. ii., p. 461.
[3] British Medical Journal, 1876, p. 570.
[4] THE LANCET, 1877, vol. i., p. 163.
[5] British Medical Journal, 1876, p. 171.

ON

THE TROPHIC CHANGES WHICH FOLLOW LESIONS OF THE NERVOUS APPARATUS.

BY G. V. POORE, M.D., F.R.C.P.,
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(*Concluded from page 715.*)

TURNING from experimental to clinical experience, and using the former class of facts for the interpretation of the latter, my position will be this—that *the vaso-motor disturbance in a part is proportionate to the degree in which its vessels are cut off from the possibility of reflex stimulation.*

There are many facts which serve to support this position. In ordinary hemiplegia, in which motion alone is affected, the vaso-motor disturbance is slight in degree, and is usually not more than may be accounted for by the want of motion in the part, which deprives the blood in the veins of the propelling power of muscular action, and partially deprives the vaso-motor nerves of that stimulation which they derive from afferent muscular nerve-fibres.

In some exceptional cases of hemiplegia, however, vaso-motor disturbance is strongly marked, especially in the early days of the paralysis, which may be due to the paralysing effects of shock upon the centres which reflect impressions to the vaso-motor nerves, or possibly to some actual damage done to the reflecting paths in the brain itself.

After complete division of a mixed nerve, such as the sciatic, or after a destroying lesion in the spinal cord, there is, as an immediate result, strong evidence of hyperæmia, which is shown by local elevation of temperature, and sometimes by vascular turgescence. This fact is well shown in the case of a man now in University College Hospital suffering from fracture of the dorsal spine with crushing of the spinal cord. The legs are devoid of motion (both voluntary and reflex) and sensation; they are preternaturally warm to the touch, and a thermometer between the toes gives a temperature of over 100° F. (axilla 102°.) The feet perspire, and here and there a cutaneous vessel is visible. There can be little doubt as to the hyperæmia of the part, but on performing Marey's experiment of scratching the surface no vascular reaction follows. Across the lower part of the abdomen the sensitive and anæsthetic regions of the skin meet. Above the border line vascular "reaction" is easily obtained, but nowhere below it.

Mr. Jonathan Hutchinson has also demonstrated the hyperæmic condition of, and the elevation of temperature in, the lower limbs after injuries to the cord.

In cases of complete division of mixed nerves or destruction of the cord, the vessels of the part are cut off from the possibility of all that reflex stimulation which they normally derive from cutaneous and muscular impressions, as well as

from the effect of muscular action in hastening the return of blood.

When motor power alone is destroyed in a mixed nerve, which very often happens from contusion or pressure, the vaso-motor disturbance is very much less than when sensation is abolished also, and in many cases is scarcely noticeable. I have seen many cases of paralysis of the hand from pressure on or contusion of a mixed nerve; and in those cases in which sensation remained intact the vaso-motor disturbance was slight, and not more than might be accounted for by the loss of motility in the part.

In lesions of the portio dura which entail complete loss of motility in the parts supplied, there is scarcely ever any vaso-motor change. In lesions of the fifth nerve, however, turgescence of the vessels in the parts where sensation is destroyed is a very noticeable result. Clinical observation and experiment both place this fact beyond the power of contradiction. Even Charcot admits that "a certain amount of neuro-paralytic hyperæmia in the iris and conjunctiva" results as a consequence of division of the fifth nerve, even when the eye has been carefully protected. This difference between the vaso-motor phenomena observed in paralyses of the portio dura and the fifth is due, I believe, to the fact that in the latter case the vessels are more completely cut off from the possibility of direct reflex stimulation than in the former.

The hyperæmia and warmth which are characteristic of a recently paralysed part (when the paralysis is due to a peripheral lesion) disappear after a time, and, owing to the persistent atony of the vessels, give place to a depressed temperature accompanied by venous congestion, or, less often, by pallor. The cause of the pallor in these cases is doubtful. It is often most marked in parts which, although deprived of nerve-influence, are capable of free movement, as in wounds of the nerves of the hand or wrist, in which, with complete anæsthesia of some of the fingers, there is complete power of flexion and extension, which must help to drive the blood out of the part. I would also hazard the conjecture that the muscular arterioles may possibly degenerate and become permanently narrowed by fibroid change, and drift into a condition analogous to the muscular cirrhosis which results in peripheral paralysis. Possibly some irritation of the proximal end of the divided nerve may sometimes occasion a constant contraction of the small vessels by reflex action. Whether the parts be pale or congested, however, the important fact is that no reaction is obtainable by Marey's experiment in the part deprived of sensation.

In cases of infantile paralysis vaso-motor change is often strongly marked, as it is also in cases of spinal paralysis in the adult. The rule is, that over the paralysed muscles the skin is usually congested. When the cases come under observation the temperature is always much depressed, but whether there is any elevation of temperature in the early days of the paralysis I do not know. Sensation remains perfect in these cases, and occasionally there is some hyperæsthesia. This is well shown in the case of a young man now under my care suffering from "spinal" paralysis affecting the left leg. The muscles of the calf give the degenerative reactions, and the skin over them is congested. The circumference of the left calf is an inch less than that of the right. The congested patch is hyperæsthetic, and irritation of it causes movement more readily in the right than in the left leg. There is no sign of vascular reaction on trying Marey's experiment over the congested spot, although readily obtained on the opposite limb. The lesion in the cord consists, probably, of a destruction of some of the ganglion cells of the left anterior cornu in the lumbar region. This prevents motion, both direct and reflex, on its own side, and probably also prevents any reflected stimulus travelling to the sympathetic along those fibres which accompany the anterior nerve-roots. Sympathetic fibres accompany both roots of the spinal nerves, and it is at least probable that the fibres accompanying the anterior roots are centrifugal, while those accompanying the posterior roots are centripetal.

The vascular turgescence in these cases is, to my mind, readily accounted for by the abolition of the power of reflex stimulation. The rarity of any change other than vascular is accounted for, I believe, by the perfect sensibility, if not hypersensitiveness, of the part which serves to protect it.

It may be taken, perhaps, as a suggestive fact in favour of the theory that impressions from without are the main cause of contraction of the vessels, that during sleep, when the peripheral impressions may be supposed to be at a minimum, vascular turgescence, as evidenced by sweating and injection of the conjunctivæ, is a frequent occurrence.

If arrest of impressions on their way to the reflecting centre be productive of vascular turgescence, we ought to get similar results if impressions travelling centrifugally in the vaso-motor nerves be arrested. The warmth and hyperæmia of a limb after the ligature of a large artery are probably partly to be explained by the theory of vaso-motor paralysis.

Next, we pass on to consider *trophic changes of the skin and mucous membrane which are either necrotic or atrophic in their nature.* These include acute bedsore, sub-epithelial whitlow as it occurs at the finger-tips, ulceration of the conjunctiva and mucous membrane as seen in paralysis of the fifth nerve, loss of finger- or toe-nails, and lastly, mere atrophy and glossiness of the skin.

These changes never occur as a result of nerve-lesion unless sensation in the part has been abolished. In purely motor paralysis they never occur. Many have argued that the trophic changes in the skin in such cases is due mainly to the loss of the protection afforded by sensation; but this can scarcely be the case, for ulceration of the cornea has occurred as a result of paralysis of the fifth nerve, in spite of the most careful protection of the eye.

Mr. Jonathan Huchinson's seven cases of nerve-injury affecting the hand are also instructive on this point. In six out of the seven cases atrophic or necrotic change was a marked feature, and in five of them the fingers involved in paralysis became inflamed *soon* after the accident. "The kind of inflammation was so similar in all, and so remarkable in some," says Mr. Hutchinson, "that it is impossible to believe that it was the result of accident. It is possible that a patient having the fingers wholly without sensation might allow one of them to press too long against the table, bed, &c., and thus a sort of bedsore be produced. But when we find the tips of four fingers inflaming at the same time, when we find that the parts attacked are never those most likely to be exposed to pressure, but always those at the greatest distance from the centres, it is impossible to entertain such an hypothesis."

It is worthy of recording that the only case of Mr. Hutchinson's which showed no evidence either of atrophic or inflammatory change (two months after the accident) was that of a boy aged fifteen, who, in addition to complete division of the ulnar nerve, had notched the median nerve, and had, in fact, sustained one of those injuries which Charcot tells us predispose to trophic changes. It is important to note that these trophic changes are peculiarly liable to occur *soon* after the accident, at a time when the part is in a condition of active hyperæmia, and not after a lapse of considerable time, when the temperature is depressed and the part has accommodated itself to its altered functionless condition. If the loss of sensation were the sole cause of the trophic trouble, they would be as likely to occur at one time as at another during the continuance of the anæsthetic condition, but this certainly is not the case. This rapidity of appearance of trophic lesions is fully recognised by Charcot. He says ("Diseases of Nervous System," p. 9):—"There is, besides, one characteristic common to most of them, and that is the great rapidity of their development after the lesion of nerves or nervous centres which provokes their manifestation. Sometimes they make their appearance with incredible quickness. Thus, we frequently see eschars visible on the sacrum the second or third day after the accident in certain cases of fracture of the backbone, with compression and irritation of of the spinal cord." Again, at p. 80: "Speaking generally, we may say that the spinal lesions which produce acute bedsore are also those which give rise to rapid muscular atrophy and to other disorders of the same class." These lesions, according to M. Charcot, are "irritative," but we believe that "destructive" is the term more applicable. Acute bedsore occurs in spinal injury in which, as the result generally of accident, the spinal cord has either been smashed, or, at least, one may suppose, concussed; and it occurs in these cases in spite of the most careful nursing.

M. Charcot quotes three cases of hemiparaplegia in which, from a unilateral wound of the spinal cord, there resulted paralysis with hyperæsthesia on the side of the injury, while on the opposite side the leg retained the power of motion, but was absolutely anæsthetic. In these cases a

bedsore formed on the buttock of the anæsthetic, but non-paralysed, side, on the nineteenth, twenty-sixth, and eleventh days respectively after the accident. These cases show little more, I think, than the protective power of hyperæsthesia. The bedsores can hardly be considered as acute, and are comparable rather to those which are apt to result whenever the skin is subjected to prolonged pressure and irritation. They are distinctly different from those bedsores which occur within two or three days of the accident. There is no definite information given as to the condition of the vessels on the anæsthetic side, and whether or no any "reaction" could be obtained.

The cause of the hyperæsthesia on the paralysed side is an interesting matter for speculation. Under ordinary circumstances a cutaneous impression has presumably three paths open to it. It may go (*a*) direct to the brain, when it is recognised as a sensation, or be (*b*) reflected to the muscles or (*c*) to the vessels. If two of these paths be obstructed, may it not happen that a greater proportion of the impulse travels in the only way open to it? We know that after division of the spinal cord reflex movements are far more easily produced, and so it would seem that after reflected movements, both vascular and muscular, have become impossible, the cutaneous impressions travel entirely to the brain, and cause hyperæsthesia.

Acute bedsores after destructive damage to the cord, ulceration of the cornea after division of or injury to the fifth nerve, and acute sub-epithelial whitlow on the finger-tips after division of the nerves of the hand, are all liable to follow very quickly on the nerve lesion, and during the time in which the part is in a state of active hyperæmia; and the question naturally arises whether the active hyperæmia is the cause of the necrotic change. The experiment of dividing the sympathetic nerve in the rabbit's neck has shown that the result is an hypertrophy both of tissue and of function. This experiment, however, has no counterpart in human pathology, and we must not apply the results of an extra blood-supply to a part enjoying perfect functional activity to the case of an extra blood-supply to a part which is functionless, as is the case after division of the spinal cord or a nerve. It is admitted that there is, so to say, a certain degree of vulnerability and predisposition to inflammation in the ear of the rabbit after division of the sympathetic; and if this is the case in a part which is in a condition of functional activity, how much more so would it be the case in a part which is functionless, in which healthy nutrition is impossible, but which has an extra supply of blood sent to tissues which can make no use of it. Clinical experience, as well as physiological considerations, must compel us to admit that a functionless, hyperæmic part is vulnerable.

Apart, however, from the effect of mere accidental and variable cutaneous impressions made upon afferent nerves and reflected to vaso-motor nerves, it may well be the case that the cells of the *tissues themselves* in some way impress the endings of the afferent nerves, and thus are enabled to inform the vessels, as it were, of their wants, and thus control their calibre. There may well be nutrition impressions as well as sensory impressions conveyed by the afferent nerve-fibres. Mr. Lister has shown how completely the pigment-cells in the frog's web are under the control of the central nervous system; and if pigment-cells, why not other cells as well?

Be this as it may, the important fact remains that the nutrition of a part is particularly endangered when centripetal conduction is interrupted, or when centripetally conducted impressions fail to be reflected. The reason for this must lie in the fact that certain impressions from the surface or the tissues fail to reach the vaso-motor nerves.

It is important to bear in mind that a part may be endowed with its normal sensations, or be even hyperæsthetic, and yet, owing to disease in the cord, the impressions originating in it may fail to be reflected. This, we have reason to suppose, happens in some cases of infantile paralysis and in hemiparaplegia from a wound. Normally, the hyperæsthetic condition protects from injury; but I can call to mind at least one case in which a hyperæmic patch in the calf of a child, whose gastrocnemius had been paralysed by infantile paralysis, was the seat of most obstinate ulceration.

In those cases in which, after section of the inner border of the trigeminus, ulceration of the cornea has occurred, while sensation has remained perfect (and from which it is inferred that this part of the nerve contains "trophic" fibres), it may well be that the impressions of the surface, though carried to their centre, fail, in consequence of the section, to be reflected to the vessels of the region in which they originated, and that the fibres divided are merely efferent vaso-motor fibres.

Charcot quotes two cases in which, in consequence of lesions of the trigeminus, ulceration of the cornea occurred, although, as he affirms, "facial sensibility had not been touched." In one of these cases, however, he admits that the sensibility of the face was impaired, and in the other the patient was completely anæsthetic, as the result of hemiplegia, on the opposite side, so that exact determination of sensibility must have been difficult. Apart from these considerations, however, such cases are wholly exceptional, and, as we have said before, impressions, though recognised by the brain, may not be reflected. Where the point of vaso-motor reflection for impressions conveyed by the fifth nerve is is doubtful, but the instantaneous dilatation of the vessels of the conjunctiva when the cornea is irritated shows how active this point normally is.

It is worthy of note also that those parts of the body which are most liable to ulcerate spontaneously, without pressure, as a result of nerve injury (the cornea, the tongue and lips, and the palmar surface of the ungual phalanges), are just those parts most highly endowed with tactile sensibility; and this correspondence between the high endowment of the afferent nerves of a part and the inability to withstand the loss of the nerve-function, is most interesting. As regards mere atrophy and glossiness of the skin, together with loss of finger-nails, I believe that they are, as it were, the chronic form of those acute conditions which we have been considering, and depend upon the same causes—namely, the degree in which the reflection of afferent impressions is interfered with.

There now only remain for consideration those *eruptive changes of the skin of which herpes zoster is the type*, and which are sometimes the result of nerve lesion.

These eruptions are, according to Charcot, very common in patients suffering from locomotor ataxy, and often accompany the "fulgurant" pains which are common in that disease. "Are the posterior fasciculi," he asks, "the only departments of the spinal cord the irritation of which is capable of determining such affections? This is a question which must remain unanswered for the present. All that can be said is that such eruptions have not yet been observed, except where there was some complication, in cases of irritative lesions confined to the antero-lateral columns, or to the anterior cornua of the grey matter; and as to the part which the posterior cornua may play in this respect we are in the most complete ignorance upon that subject."

A case of zoster on the leg, complicating hemiplegia, is mentioned, which was found to be due to the compression of some of the posterior spinal roots of the sacral plexus by a distended vessel.

Nothnagel dwells upon the fact that herpes zoster is a frequent symptom of neuritis. He mentions an undoubted case of neuritis involving the Gasserian ganglion, and the first division of the fifth nerve, in which there was, along with swelling of the eyelid and desquamation of the cornea, herpes zoster involving the upper part of the face. He lays it down as a rule, that "When, along with an undoubted peripheral affection in the region supplied by a sensory or mixed nerve, there is a simultaneous occurrence of zoster and sensory disturbance, then we can infer the existence of an inflammatory process in this nerve." Zoster is often the precursor of other symptoms which show that the inflammatory change in the nerve has abolished its functional activity. Anæsthesia of the region previously occupied by the zoster is not uncommon, and this may be followed by drying and cracking of the skin, loss of finger-nails, and, as Charcot has seen in old people, sometimes actual mortification of the patch.

Thus we see that zoster is closely allied to the other trophic changes we have been considering; that it is associated with sensory rather than motor troubles, and that the anatomical cause of it is to be looked for, if not in the nerves themselves, in the sensory tracts of the spinal cord.

Is it due to nerve-irritation consequent on inflammatory action, or is it the first symptom of a chronic destructive

process which merely acts by impeding the progress of those centripetal impressions which seem essential to healthy nutrition? While one would say, perhaps, that he could not conceive a destructive lesion which did not irritate, another might plead that every irritative lesion must be also destructive. If the theory of "irritation" is to be accepted, I should prefer to imagine that the irritation travels centripetally to the spinal cord, and is thence reflected to the vaso-motor fibres. The fact that pain is directly referred to the area of distribution of the nerve is, of course, no proof of "irritation" being conveyed directly centrifugally; and although experiments with the lingual and hypoglossal nerves have shown us that *both* kinds of nerve-fibres can conduct in *both* directions, we have no reason for assuming that such is ordinarily the case.

I have thus referred all trophic changes resulting from lesions of the nervous apparatus to the arrest of reflex action. I have shown that impressions originating at the peripheras may produce motion both in muscles and vessels; and, by an appeal to clinical facts, I have tried to show that in all cases of rapid wasting of paralysed muscles, of the abolition of vascular reaction, and of trophic changes affecting the skin as a result of nerve-injury, the effect is perhaps due to the fact of the part having been cut off from the possibility of reflex stimulation. Charcot's theory of nerve-irritation as the cause of these various trophic changes—a theory which has been adopted by the most recent English writer on systematic medicine—does not seem to me to be adequately supported by facts. Whether the theory adduced in this paper is of a more convincing kind I must leave to others to judge.

Wimpole-street.

CASES OF IRIDEREMIA TOTALIS.

BY JOHN A. NUNNELEY, M.B. LOND.,
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IRIDEREMIA TOTALIS, or entire congenital absence of the iris of both eyes, is a deformity of rare occurrence. Among several thousand patients, hospital and others, I have met with but three instances in which the absence has been complete. Cases in which a part only of the iris is present, and coloboma in various forms, usually in both eyes, and either alone or accompanied by microphthalmos or other diseases depending upon arrest in development, as well as cataract, are more frequent. These deficiencies are often hereditary, and sometimes found in more than one child of a family.

In the first of the cases of total absence referred to, the eyes were alike, the corneæ and lenses clear, the retina and deeper parts of the eyes apparently healthy, the accommodation was fair, and the sight good, especially for distant objects. No improvement was obtained by any stenopæic apparatus, and no treatment was required; indeed, the state of the eyes was discovered by accident.

In the second case, a boy about eight years old, the condition of both eyes, when first seen, was much the same as above. On another visit, twelve months after the first, the right lens was found to have become quite opaque, the sight of the other eye being fair. No treatment was desired. In a sister of this boy the eyes were small, soft, and ill-developed; the irides thin, dull, and sluggish; and the pupil placed considerably to the nasal side. The eyes of a second sister presented similiar appearances, though to a less remarkable extent. The eyes of the parents were healthy; and there was no history of defective eyes in other relations.

The third case is that of a young man who originally came under observation ten or twelve years ago, when about twelve years of age, on account of the defect in his sight, which, it was stated, had formerly been good, but within the previous few months had failed somewhat, and the eyes had been red, watery, and irritable, so that while attending the village school he had had difficulty in reading his lessons like the other boys. The cornea in each eye was perfectly clear and natural, and the sclerotic healthy in appearance; but there was entire absence of the iris—in neither eye was there a vestige to be found; and with the ophthalmoscope, and by oblique illumination, the shaded edges of the lenses were distinct, with a narrow, clear margin of illuminated fundus all round. There were distinct spots of dense white opacity on the capsules, anterior and posterior, of both eyes, and the lens of the right was muddy at and around its axis. The fundus of the eyes seemed healthy, but the choroid was light-coloured, and apparently contained but little pigment, as, when the ophthalmoscope was used, the light illuminating the interior of the eye shone through the sclerotic, just as in the albino. There was no oscillation of the eyeballs, and but little intolerance, except of a strong light. Nothing more was seen of this patient for several years, when he was brought with a view to operation, as both lenses had become entirely opaque. The eyes presented a curious appearance. It had been intended to remove the right lens by suction; it proved, however, too firm to be safely drawn through the suction curette; it was therefore only slightly broken up by a needle. A considerable amount of general irritation of the eye followed this proceeding, but the whole lens was rapidly absorbed. A large piece of capsule which remained was subsequently removed, and a very excellent result obtained. The second eye was treated in a similar way, with equally satisfactory results; and with convex lenses of four inches' focus he now sees to read and write, and is able to carry on his business as a farmer without much difficulty. Various diaphragms and stenopæic apparatus were tried with a view of increasing his defining power; these, however, all failed to help him, and the simple lens answered decidedly the best.

Leeds.

SIR HENRY THOMPSON ON UNIVERSITY COLLEGE HOSPITAL AND SCHOOL.

THE speech of Sir Henry Thompson at the recent annual dinner of University College Medical School contained the following important passages on the subject of the advantages resulting from the connexion of a school of medicine with a hospital:—

"A hospital associated with a large medical school is a more valuable institution in relation to its original design as a house of charity than a hospital which has no medical school, and is, therefore, other things being equal, a more worthy recipient and almoner of the public charity, mainly on two grounds. First, because every visit made by the chief medical officers for the investigation and treatment of each case is conducted in the presence of a number of young men who have to be taught, who are desirous to learn, and who are very intelligent critics of the practice and teaching of their chiefs—a fact which enforces the highest possible standard of work on the part of the officers whose reputation is greatly determined thereby. Compare the pains taken and the time devoted to each case by medical men in the hospital which has no school and in the hospital which has, and the difference is manifestly to the advantage of the latter. It must be so in the nature of things. Secondly, the school furnishes a set of skilled attendants in the shape of clerks and dressers, who do some of the most important work of the hospital in the best possible manner. Symptoms are investigated, important facts of history are determined, work which could by no other class of attendants, such as nurses, be accomplished. Then the bandaging and dressing, and endless other manipulations, are performed in a manner which no man, however great his wealth, can by means of it secure to be better done, and which people without wealth, not in a hospital, cannot get so well done. It is notorious, moreover, that the patients themselves prefer to be the objects of close observation and attention, as it is a kind of guarantee that their cases receive all possible consideration. I will not dilate on these topics, but I assure you, and through you the public at large, that if it were necessary for me to be treated in a hospital, desiring the best possible attention, with intelligent watching and manipulative skill, I should say, 'Send me to a hospital where there is a large medical school, and not to one which is without one.'"

The speaker then proceeded to say that if any defect existed in the combination of school and hospital at University College it was this, that the power and size of the school rather exceeded the resources of the hospital, a defect which was certainly rather in favour of the patients,

while it showed a want to be remedied as regards the school. This, however, was a matter for the general public, whose interest in it was larger than that of any section of the community, inasmuch as the elevation of the medical profession in skill and knowledge was of the highest importance to all. On the other hand, every fresh bed provided by the public would be thankfully accepted by some poor sufferer the moment it was ready to be occupied. It was, indeed, a question of enlarging the hospital; it might be even of rebuilding it entirely. The matter was now under serious consideration. He had a very important announcement to make, and it was this—viz., that the esteemed and honoured treasurer of the college, Sir Francis Goldsmid, who, like his revered father, had been one of the best and staunchest friends both to the college and hospital, had offered the princely donation of £10,000 towards rebuilding, provided £20,000 more were subscribed by others before commencing the work.

THE

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1877.

TUESDAY, MAY 15TH.

MR. TEALE asked the President if he was prepared to state what were the Parliamentary matters requiring the opinion of the Council during the present session which most earnestly demanded consideration.

The PRESIDENT said that applications had been made by the Government for the opinion of the Council on foreign and colonial degrees and on the education and registration of midwives. Two subjects had been referred to the Council from other sources—viz., the East London Medical Defence Association and the Obstetrical Society. The last was that referred to by the Government in relation to midwives. All of them had been referred to the Medical Acts' Amendment Committee. The amendment of Russell Gurney's Bill as to women, and the amendment of the Lunacy Acts in a particular known to the Council, had also to be considered.

On the motion of Sir JAMES PAGET, seconded by Mr. SIMON, two documents relating to a legal difficulty, hindering the College of the Surgeons from taking part in a conjoint examination for the examination of women candidates for a licence in midwifery, were referred to the Medical Acts Committee. The first was a memorandum on the subject by the President and Vice-presidents of the College dated March 23rd, and the other was a copy of the resolutions passed by the College on March 27th—viz.:—"That the Council of the College of Surgeons regards women as not eligible to become members or fellows of the College, and is therefore not prepared to admit them to be examined for those qualifications, whether at the examinations as now conducted or with the proposed machinery of joint examinations; but that the Council, if legally authorised, would be willing to take part in special joint-arrangements under which women should be able to acquire other registrable titles for practice. That, with regard to the midwifery board and midwifery licence of the College, the Council approves and adopts in principle the report this day read of the President and Vice-President, and authorises the President and Vice-Presidents to take such steps as they may find expedient in order to promote the suggested amendment of law, and otherwise to give effect to the suggestions of the report. That a copy of the above resolutions, and of the memorandum of the President and Vice-Presidents, be communicated (but not for publication) to the Conference of Representatives on the Conjoint Scheme."

Dr. WOOD read, and moved that it be entered on the Minutes, the following memorial from the Royal College of Surgeons of Edinburgh, in regard to dental surgeons:—

"The memorial of the President's Council of the Royal College of Surgeons of Edinburgh sheweth,—

"That your memorialists have had their attention drawn to certain proposals at present before the Royal College of Surgeons of England, to the effect that those persons only who possess the qualification of Licentiate in Dental Surgery of the Royal College of Surgeons of England 'shall be entitled to use the designation of Dental Surgeon, Surgeon Dentist,' &c.; also, 'that a special schedule be added to the Medical Act for the registration of dental surgeons as such;' as well as to certain other suggestions that those only who possess the said qualification of Licentiate in Dental Surgery shall be entitled to hold dental appointments in hospitals, or to sign schedules, or grant certificates of attendance to dental students.

"That your memorialists are of opinion that the suggestions and requirements of the Royal College of Surgeons of England regarding registration of dental surgeons, and otherwise, could only receive effect under the authority of an Act of Parliament, and that such legislation, as creating a monopoly of teaching and registration of dental surgeons, would be injurious to the interests of the other surgical corporations recognised by the Medical Act and an interference with the rights and privileges of the members or licentiates of these bodies.

"That your memorialists are further of opinion that if the separate registration of dental surgeons in the Medical Register should be found to be either necessary or expedient, the right to such registration should not exclusively be confined to the members or licentiates of one corporation, but be extended to all the institutions who at present grant diplomas in surgery.

"Your memorialists therefore pray that the sanction of the General Medical Council shall not be given to any application for power to register the qualifications of dental surgeons, without obtaining the approval or the views of all the licensing bodies, under the Medical Act, possessing an interest in the matter referred to.

In the name of the Council,

(Signed) HENRY D. LITTLEJOHN, M.D.,
President."

Dr. STORRAR said he had expected to have been made the medium of a communication on the same subject from the English dentists, but he had been informed that they had resolved to defer the consideration of the matter for the present. The committee, he thought, could hardly report upon the subject without fuller materials than those furnished from the College of Surgeons of Edinburgh.

Dr. WOOD thought the Council should give an opinion upon two points: whether there should be a separate register for dentists, and whether, if so, only those who had passed the College of Surgeons of England were entitled to be registered.

Sir J. PAGET said that no application was being considered by the College of Surgeons to the effect that only the licentiates of that body should be registered. He should be sorry to have it supposed that the College was encouraging any such proceeding.

The memorial was referred to the Medical Acts Committee.

The name of John Joseph Mullen, of Brisbane, was ordered, on the recommendation of the Executive Committee, to be restored to the Register.

The Council then took into consideration the case of Thomas Richardson, of Millom, who had been summoned to show cause why his name should not be erased from the Register on the ground that the entry was "fraudulently or incorrectly made." Mr. Richardson was represented by Mr. Myers Meekin, solicitor.

Mr. OUVRY, the solicitor of the Council, stated the particulars of the case. It appeared that Mr. Richardson had been registered on the strength of a diploma of M.D. from the Metropolitan Medical College of New York. The diploma stated that the holder had attended lectures during the full time required, and had passed a creditable examination, the fact being that Mr. Richardson had not been in America at the time mentioned. It was stated that several other practitioners had been struck off the Register on similar grounds, holding diplomas of the same body. Mr.

OUVRY mentioned that there was some evidence that Mr. Richardson had been connected with an agency in the Isle of Man for granting degrees to practitioners. He further stated that under the Medical Act foreign diplomas could only be registered if the holders had been practising in England "as physicians" before the passing of the Act, whereas Mr. Richardson had only kept a shop and sold medicines.

Mr. MEEKIN addressed the Council in behalf of Mr. Richardson, who, he said, was not only a client, but a valued personal friend. He said it was not obligatory, but only discretionary, on the part of the Council to remove names incorrectly entered, and he appealed to the Council not to exercise its discretion against his aged client, who would be reduced thereby to a state of abject poverty. Mr. Richardson had from early youth had a great desire to practise medicine, but had not the means of obtaining the necessary education. He received, however, instruction from some practitioners in Cheadle, and afterwards conducted a school, so that he was not an ignorant and uneducated man. While at Birmingham he became acquainted with some persons connected with the American College, which was a chartered body, and qualified to grant degrees. A branch of the College was established at Birmingham, from which he obtained a diploma in 1857. Dr. Hawkins had taken a long time to make inquiries on the subject, and had then entered Mr. Richardson's name on the Register. With regard to the advertisement issued from the Isle of Man, although Mr. Richardson's name was affixed to it, he absolutely denied having any connexion with it. He had practised in the United Kingdom for seventeen years, and in Dundee he had received a voluntary testimonial from his patients, many of whom were in a good position in society. He had practised for some time in Willom, where he (Mr. Meekin) was coroner, and had laboured assiduously and effectively among his patients. It was a singular coincidence that an interval of ten months had elapsed between his arrival at Willom and the holding of any inquest. It was therefore evident that his medical attendance had not had any detrimental effect on the health of the inhabitants. No inquest had ever been held in Willom on any patient whom he had attended. He should have no hesitation in calling in Mr. Richardson to attend the members of his own family.

Dr. WOOD inquired why so many years had been allowed to elapse before taking any proceedings in the matter.

Mr. OUVRY stated that in 1861 two persons had been struck off the Register because they had been incautious enough to send in their diplomas. The gentlemen who had since been implicated were wise enough not to do so. He had endeavoured to summon two other practitioners besides Mr. Richardson, but they could not be found. A great stir had lately been made on the subject, and hence the Branch Council had instructed him to take the matter in hand.

Dr. WOOD asked what was the precise nature of the charge?

Mr. OUVRY replied that of procuring himself to be registered on a diploma that stated that which was not true; and also of stating that he had been practising in England as a physician before 1858.

Dr. HUMPHRY said it did not follow that a fraud had been committed because the diploma contained an inaccurate statement.

Sir D. CORRIGAN said that the Council had got into a "scrape." The only thing that could be said was that the College in New York had told a lie.

Some further questions having been asked and answered as to the facts of the case, the Council deliberated in private, and decided that the name should be erased from the Register.

The Council then proceeded to consider a petition for restoration to the Register from Michael McSheedy. The petitioner was represented by

Mr. BUTT, Q.C., who said there could be no doubt that Dr. McSheedy had been guilty of a very improper act—viz., that of certifying that he had examined two lives for insurance when he had not examined them at all; but the question was whether the Council would not regard the punishment he had already suffered as a sufficient penalty for the offence. It appeared that he was tried at the Limerick assizes, together with the agent of the insurance company and another person, for conspiring to defraud the company, and they were convicted. The law of conspiracy was a very harsh one; and whether the verdict was right they could scarcely inquire. For himself he could not see any evidence of fraud. After his conviction Dr. McSheedy brought an action against his attorney for fraud, and was then able for the first time to state his own case upon oath; and he submitted that the facts then elicited showed that there was at any rate a great extenuation of his conduct. It appeared that the first life he had wrongly certified was that of a Mr. Boucher, who had previously been insured, and who was alive and healthy at the present moment, and Dr. McSheedy was acquainted with him. The agent of the company, Mr. Fitzgerald, anxious to do a great deal of business, endeavoured to get persons interested in the lives to effect insurances on them; and he did not scruple to ask medical men to certify without examination. He pressed Dr. McSheedy, then a young and inexperienced man, having been only two years in the profession, and having borne an irreproachable character, to certify Mr. Boucher. The person insuring his life was a tenant who held a lease in which one of the lives was that of Mr. Boucher, so that he had an insurable interest. Mr. Boucher, however, would not appear and facilitate the insurance. Dr. McSheedy at first refused, but the agent finally brought him the answers taken down by a medical referee on a former occasion, and also gave him a written authority stating that he had power to dispense with personal examination in any case. Upon that he was induced to do what was no doubt very reprehensible; but he had no interest in the matter beyond his guinea fee, and there was no fraud whatever upon the company, the life being a perfectly good one. The next case was that of his own brother-in-law, in whose life he was himself interested, because he owed him money, and the agent suggested that Dr. McSheedy should insure his life. He had previously examined him for another company and had been in the habit of attending him; but the brother-in-law would not facilitate the insurance, there being a quarrel between them. Immediately after he had improperly signed the certificate he began to think that there was something wrong in his being personally interested, and he requested the agent to mention the fact of his interest to the company. The agent did not do so, and he accordingly wrote to the company asking them to cancel the policy. That, though not an atonement for the offence, was, he thought, some extenuation of it; and he hoped that the Council, taking into consideration Dr. McSheedy's two years' exile from his profession, would restore his name to the Register. The case might have been different if any loss had been sustained by the company.

Mr. OUVRY asked whether Mr. Butt thought the Council had power to restore the name under the Act.

Mr. BUTT referred to Clause 14, which, he said, gave the Council authority to do so.

Mr. OUVRY said that clause applied only to the case of a person having his name erased on the ground of not answering the registrar's letter within six months.

Mr. BUTT said, if that were so, the present case might be treated as an original application to register. But he thought it might be considered that the power was inherent in the Council without any express provision. If, for instance, a conviction were set aside, it would be a great hardship if the Council could not restore the name of the convicted person.

The PRESIDENT called attention to a case in which a name had been restored in 1871 after removal for a conviction for misdemeanour.

The case of James Meehan, M.D., whose name had been erased under similar circumstances, was then considered by the Council. Both the petitioners having briefly addressed the Council, their cases were deliberated on in private. After a short time the two gentlemen were called in, and informed that the Council had unanimously resolved to restore their names to the Register. Dr. McSheedy and Dr. Meehan returned their best thanks to the Council, and expressed a hope that their future conduct would justify the decision at which it had arrived.

An application for restoration to the Register on behalf of Samuel Levenston was considered in private, and rejected, unless Mr. Levenston should furnish to the Executive Committee satisfactory evidence of character.

The Council also considered in private a petition for restoration to the Register from Henry Pearson, and resolved not to make any order thereupon.

WEDNESDAY, MAY 16TH.

The first business was the reading of the official notification of the appointment of Alfred Hudson, M.D., for five years, from May 14th, 1877, as Crown nominee for Ireland on the Council in place of Dr. Stokes, resigned.

Dr. Hudson was introduced by Dr. Rolleston.

The Council then resolved itself into committee, and proceeded with the adjourned consideration of Dr. Humphry's report on professional education.

Dr. HUMPHRY's motion was "That the first examination be passed before the commencement of the second year of professional study; the second before the commencement of the third year; and the third after the completion of the fourth year of professional study."

Dr. ROLLESTON moved as an amendment: "That these examinations be passed in a certain order, approved by the Council, a student being allowed to present himself for either of the two later examinations on a certificate of having passed the preceding examination or examinations." The object of the amendment, he said, was to offer an incentive to idle men to work, and to favour diligent men by enabling them to pass as soon as possible after the preliminary professional examinations, and to enter upon the more practical subjects. The means by which he proposed to accomplish the object were these:—The examinations would be taken in a certain order. The ground-work must be laid before those things were superadded, which were simply the application of all the fundamental studies; but he would not space the examinations. If a man passed in the first examination he would allow him to pass the second immediately after if he could, so that he might at once enter upon his clinical studies. In looking back upon his own medical career, the one thing which he regretted more than any other was not having had more time for clinical study. If the amendment were carried, especially when coupled with the motion of which he had given notice, "No time which may elapse after the first year of professional study shall count until the first professional examination shall have been passed," an idle man would see that it was his interest to pass his examinations as soon as possible. Instead of wasting the first year, and acquiring habits of idleness, he would have a motive for industry in addition to the low motive of working to avoid being plucked. Besides giving a stimulus to such persons, his object was to encourage the diligent, earnest students to get over the preliminary work and enter upon the clinical work with a well-disciplined mind. He did not at first perceive that Dr. Humphry was aiming at the same object, but the words of the motion certainly suggested a certain evenness in spacing the examinations, and though he himself was in favour of a particular order being maintained, he did not wish any spacing to be introduced. If he had his own way he would allow a student to present himself for the first examination as soon as ever he was enrolled as a student. He would make the third examination clinical, and would be exceedingly glad if the Council would allow that examination to take place six months before giving the licence, so that the student might pass those six months in clinical work. He would not, however, give the licence until the end of four years.

Dr. HUMPHRY said that Dr. Rolleston's proposal could scarcely be regarded as an amendment to the motion.

Dr. ROLLESTON said he would prefer taking it as a rider.

Mr. LISTER said it appeared to him that the amendment was in some respects unnecessary. If it was laid down that there should be three examinations, and those examinations were afterwards alluded to as first, second, and third, there was no need to say that they should be passed in a certain order. He thought that Dr. Humphry's motion might be safely agreed to if the expression "be passed" was altered to "take place." It would then remain for future discussion whether the proposed limitation should be introduced or not.

Dr. THOMSON said he doubted the propriety of legislation in such minute detail. As far as he had been able to discover, the Council on the whole seemed to approve of the principle which was enunciated by Mr. Simon, that it was of the utmost importance to separate the study and examinations of the preparatory subjects from those which were more advanced and practical. He regarded that principle as of the greatest importance, and if the Council could secure that separation without going into details they would confer a great advantage upon the student, and do much to improve the system of study and examination. He did not see why there should be only one examination in the second division. There was just as much reason for having four examinations as for having three. He knew that the Council had already settled that point, but when the report of the committee was brought before them he should be prepared to move an amendment in the direction in which he had just indicated, in order to secure as much latitude as possible in the mode of teaching. What the Council was in danger of doing at present was laying down minute regulations which would interfere with the full liberty of teachers to arrange their subjects in the way they might consider most expedient; but they were all agreed that it was a very bad thing to overlap studies and examinations, especially with regard to the preliminary subjects. Until the Council had settled what subjects were to belong to the different examinations they could scarcely judge what would be the best order in which the examination should be taken.

Mr. LISTER regarded it as of the utmost importance that there should be a distinct interval of two years between the preliminary examinations and the final examination, but it would be a monstrous hardship, without any advantage whatever, to insist that a student should pass in a certain number of preliminary subjects during the first year. One of the subjects proposed for the first examination was Elementary Anatomy. Suppose the student failed in that, and in the second year worked up the subject well and became a good anatomist, by what principle of justice could the Council refuse to allow that second year of study to count? His proposal was that Dr. Humphry's motion should read thus: "That the first examination take place before the commencement of the second year of professional study; the second before the commencement of the third year, and the third after the completion of the fourth year of professional study." He thought the Council had departed from the proper way in considering this question. They ought first to have taken the subjects, and then considered in what order they should come in the examinations. Instead of that, they had taken the examinations first, before distinctly saying what the subjects were to be.

Sir WILLIAM GULL also considered that if the committee entered too much into detail, they might perhaps go beyond what was best for the profession. He thought a more general resolution preferable.

Dr. ROLLESTON suggested that the motion and the amendment might be combined so as to make it read, "That the first examination be passed before the commencement of the second year of professional study; it being hereby intended that no time which may elapse after the first year of professional study shall count until the first professional examination shall have been passed."

Dr. HUMPHRY agreed to the suggestion.

Mr. LISTER said that in that case he should move as an amendment, "That the first examination take place at or before the end of the first year of medical study."

Mr. TEALE seconded the amendment.

Dr. ANDREW WOOD doubted if the committee was not proceeding with the matter in too much detail. The Medical Council had hitherto carried with them the different bodies almost unanimously, and there were very few of their recommendations which had not been loyally acceded to. The reason for that was because the Council very wisely had not descended into particulars or interfered too much with the autonomy of the bodies, or attempted to dictate in what way the different branches of study and examination should be carried out. As the motion at present stood, the first examination was to be passed before the commencement of the second year of professional study. He wanted to know what the students were to be examined in at the first examination. That should first be defined, though he was of opinion that it would be far better not to interfere too much with the details of these matters. The mode in which the Committee of Recommendations had proceeded was far preferable. That committee had laid down what were the subjects of examination without entering much into detail. They did not say how many or how few examinations should be held, but "that the professional examinations for any licence be divided into two parts; the first, embracing the primary or fundamental subjects, shall not be completed

until after the close of the winter session of the second year of professional study, and the second part, or final examination, embracing the practical branches, not till after the close of the prescribed period of professional study." It would be better for the Council to leave the matter in abeyance. In some universities there were three examinations, in others four, and in others two. His own impression was, that if the Council passed a general regulation, they would get the bodies to act up to it, but if they prepared a distinct and specific directory, he did not think the bodies would find it practicable to carry it out, even if they wished to do it. Why should the Council lay down a Procrustean bed for the bodies to lie on?

Mr. LISTER said if Dr. Andrew Wood was prepared to move an amendment in accordance with the recommendation of the Committee of Recommendations, he would be willing to withdraw his own amendment.

Mr. MACNAMARA said the subject was seriously considered four or five years ago by the representatives of the various schools in Ireland. Some of the gentlemen attending the conference were teachers of classes consisting of as many as 600 students, and therefore they knew something of the requirements of the students. They were unanimous in their opinion that it was not in the first year of professional study that the students were the most idle. The years in which their industry declined were the second and the third, and it was felt that if something could be done to stimulate them in those years it would be of immense service to the cause of education. The first year was perfectly able to take care of itself. He had had large experience as a coach, and he could not conceive of a plan more cleverly devised to encourage grinding than that which was now proposed. He defied anyone to make the examination so stringent that a clever coach would not be able to get a student ready for it, and when the student had passed there would be nothing for him to do but hospital or clinical study. To his mind that was most objectionable, because it was *totidem verbis* telling the student not to attend hospital during the first two years. Great doubt had sometimes been thrown on the possibility of a student attending hospital, and at the same time prosecuting his school duties, but no difficulty in that respect had been found in Dublin. The hospitals there were visited early in the morning, and the school work did not begin until 11 o'clock, so that from 9 to 11 for four years the student was encouraged to attend hospital each day, and then for three or four or five hours he could devote himself to the theoretical portion of his study. The present proposal, however, appeared to leave it to the student to attend or not attend the hospital just as he liked during the first two years, and the result would naturally be that he would not attend. He knew that there was an idea prevalent that the fundamental sciences, such as anatomy, might be dropped at the end of the first two years, but he could not conceive of anything more undesirable. If that were carried out the student would cram up for the examinations, and at the end of the first year anatomy would be thrown entirely on one side. The College of Surgeons for Ireland felt that anatomy was the basis of the whole of the professional study, and that it was most important that the student should continue studying it during the whole of the curriculum. Every other branch of study could in some way or other be carried on after he left the college, but facilities for studying anatomy could only be obtained at the college. He was convinced that nothing tended more to lower the estimation in which the Council was held than trying to over-legislate. If the moral suasion on which the Council depended was diametrically opposed to the views entertained by important teaching and examining bodies the Council could not expect that their recommendations would be carried out. He very much regretted that the subjects of examination had not been first introduced, as the Council would then have been in a more satisfactory condition for considering the recommendations.

Dr. THOMSON suggested that it would be better to have an amendment to the following effect: "The professional examination shall be in two divisions, the first division to be passed at least two years before the second division, which shall not be held sooner than at the end of the fourth year of study."

Sir J. PAGET said that in a good scheme of education a student must not be compelled to learn what he would not be expected to retain. Anatomy was one of those things the study of which should never cease from the beginning to the end of the student's career. At the College of Surgeons it had been very commonly found that those who had passed in anatomy at the end of two years ceased to study the subject, so that the examiners found many who came up for the practical examination perfectly ignorant of some of the most necessary parts of anatomy. He was anxious that the Council should do nothing to give countenance to the distinction between fundamental and practical studies.

Mr. SIMON agreed with Sir James Paget that students ought never to be excluded from studying anatomy, and he hoped it would be made clear to the candidates that they were expected even to the end of their studies to be well acquainted with at least the applications of anatomy to surgery and medicine. The objection of those who were urging reform was not to exclude the study of anatomy from the later years of studentship, but simply to make sure that a student should not be admitted to his practical studies until he had given evidence of knowledge of the elementary subjects.

Sir JAMES PAGET said that a period of less than four years' attendance on medical studies was not sufficient. It would be a grievous mistake to discourage students from attending the wards during the first two years.

Dr. ANDREW WOOD said the form that his amendment would take was, "That the professional examination be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study."

Dr. THOMSON seconded the motion.

Dr. HUMPHRY said the amendment was quite compatible with his own motion, and might therefore be dealt with as a substantive motion, his own being postponed.

After a short conversation this course was agreed to, and Dr. Andrew Wood's proposition was carried by a large majority.

Sir WILLIAM GULL proposed, and Mr. TURNER seconded, "That the examinations, and the subjects included in each, be such and in such order as may insure, as far as possible, a due sequence of study."

This was put as a rider to Dr. Andrew Wood's motion and carried.

Dr. HUMPHRY proposed, "That the first examination be passed before the second year of professional study, and it is hereby intended that no time which may elapse after the first year of professional study shall count before the first professional examination shall have been passed." The important point, he said, was to insure the student working well at the first year's subjects.

Dr. ROLLESTON seconded the motion.

Sir JAMES PAGET thought it might be well to consider whether the first examination might not be held at the several schools, and not at a central place, to which all students would have to be brought. All first-year students might be examined in each school by the teachers of the school under the supervision of visitors or inspectors. He knew that it was regarded as a general rule that no student should be examined by his own teacher, and that was a most salutary regulation with regard to the final examination; but what was wanted to be ascertained at the first examination was not so much what the student knew as how he had done the work which had been set before him.

Mr. LISTER concurred in Sir J. Paget's suggestion. It was of immense importance that the student should feel he was on firm ground when he was beginning to receive instruction from his teacher, and should know that what he was learning would be of use to him in his examination. He ought not to feel that the examiner might treat the subjects in a different way from that to which he had been accustomed. In Edinburgh the professor had an examiner associated with him, who was entirely unconnected with the university, and who would see that the student was properly examined. If such examinations by teachers were permitted the laboratories would be available, and the teacher would know that at the close of his labours he would have to show what he had done before independent examiners, and that would be a most powerful stimulus to him.

Dr. Humphry's motion was put to the vote and lost.

Dr. HUMPHRY said that the next two recommendations

were: "That the first examination be in physics and chemistry, elementary human anatomy, and practical pharmacy. That the second examination be in anatomy, physiology, and materia medica; and that the third examination be in the other subjects of medical study. That a committee be appointed to consider the subjects of the professional examinations to be required, and the limitation of the range of the subjects by schedule; to draw up such schedules in the instances in which it may seem appropriate; and to make, with reference to the subjects of the examinations, such suggestions as may appear desirable." His proposal was that these two propositions should be referred to the Committee on Recommendations, and for that purpose he would move the reappointment of that committee.

Mr. TEALE seconded the motion.

Dr. STORRAR said he was somewhat afraid of the tendency of the Council to take work out of the hands of the bodies who were represented on the Council. It was utterly impossible to draw up a syllabus which would meet the views of all the corporations and universities.

Dr. HUMPHRY thought it would be desirable to add proposals 10 and 11 to 5 and 6, and remit all four to the Committee on Recommendations.

This course having been agreed to, the returns from the Army Medical Department were read.

Statement of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, on the 14th of August, 1876, presented themselves for Examination, showing the number that passed and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the several Licensing Bodies.

Names of Licensing Bodies.	Qualifications.						Remarks.	
	No. of Qualifications.			Deficient in				
	Total.	No. passed.	No. failed.	Anatomy.	Surgery.	Medicine.		
Royal Coll. of Physicians, Edinburgh...	10	6	1	...	...	1		
Ditto Surgeons, ditto ...	8	5	1	1	1	...		
Royal Coll. of Surgeons, London	8	7	...	...	...	...	Total number of candidates	41
K. & Q. Coll. of Physicians, Ireland ...	8	7	...	...	...	...		
Society of Apothecaries, London	10	9	...	...	...	...		
Trinity College, Dublin	1	1	...	...	...	...		
Royal Coll. of Surgeons, Ireland	12	10	...	...	...	...	Found physically unfit...	5
Faculty of Phys. and Surg., Glasgow...	1	...	...	...	...	...		
University of Edinburgh ... M.B.	2	1	...	...	...	...	Disqualified, not having attended the whole of the examination... ...	1
Ditto ... M.Ch.	2	1	...	...	...	...		
University of Dublin ... ... M.B.	4	4	...	...	...	...		
Ditto ... ... M.Ch.	3	3	...	...	...	...		
Ditto ... ... M.D.	2	2	...	...	...	...	Failed to appear at the examination	1
Queen's University, Ireland ... M.D.	5	4	...	...	...	...		
Ditto ... M.Ch.	5	4	...	...	...	...		
University of Aberdeen ... ... M.D.	1	1	...	...	...	...	Unsuccessful	1
Ditto ... ... M.B.	2	2	...	...	...	...		
Ditto ... ... M.Ch.	2	2	...	...	...	...	Successful	33
University of Glasgow ... ... M.B.	2	2	...	...	...	...		
Ditto ... ... M.D.	7	1	...	...	...	...		
Ditto ... ... M.Ch.	1	1	...	...	...	...	Total	41
Total	90(?)	73	2	1	1	1		

Statement of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, on the 12th of February, 1877, presented themselves for Examination, showing the number that passed and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the several Licensing Bodies.

Names of Licensing Bodies.	Qualifications.						Remarks.	
	No. of Qualifications.			Deficient in				
	Total.	No. passed.	No. failed.	Anatomy.	Surgery.	Medicine.		
Royal Coll. of Physicians, Edinburgh ...	6	3	3	3	1	...		
Ditto Surgeons, Edinburgh ...	7	4	3	3	1	...	Total number of candidates...	25
Royal Coll. of Physicians, London ...	1	1	...	...	...	...		
Royal Coll. of Surgeons, London	2	2	...	...	...	...		
K. and Q. Coll. of Physicians, Ireland ...	4	4	...	...	...	...	Found physically unfit ...	1
Society of Apothecaries, London	1	1	...	...	...	...	Failed to appear at the examination	1
Society of Apothecaries, Dublin	1	...	1	...	1	...	Unsuccessful	6
Royal College of Surgeons, Ireland ...	5	5	...	...	...	...	Successful	17
University of Edinburgh ... M.B.	...	...	...	...	...	...		
Ditto ditto ... ... M.Ch.	...	...	...	...	...	...	Total	25
University of Dublin ... ... M.B.	2	1	1	1	...	...		
Ditto ditto ... ... M.Ch.	1	...	1	1	...	...		
Queen's University of Ireland M.D.	9	7	2	...	2	...	Two of the candidates failed in both Anatomy and Surgery.	
Ditto ditto ditto M.Ch.	8	6	2	...	2	...		
Total	47	34	13	8	7	...		

On the motion of Dr. ROLLESTON, seconded by Dr. PYLE, it was agreed, "That the returns from the Army Medical Department be inserted in the Minutes, and that the best thanks of the Council be given to the Director-General of

the Army Medical Department for his courtesy in sending the returns."

The following communications from the Royal College of Surgeons of England, and the University of Edinburgh, on the subject of certificates of proficiency in vaccination, were read:—

"Royal College of Surgeons of England,
Lincoln's-inn-fields, Dec. 12th, 1876.

"SIR,—In reference to your letter of the 21st of June last, forwarding a copy of a resolution adopted by the General Medical Council on the 5th of June last, on the subject of certificates of proficiency in vaccination, I am desired to acquaint you that the council of this College determined, on the 9th ult., that in future all certificates of proficiency in vaccination should be such as would qualify the holders to contract as public vaccinators under the regulations at the time in force of the Local Government Board, and, in accordance with such determination, resolved that all candidates presenting themselves for the final examination for the diploma of the College be required, on or after the 1st of May, 1877, to produce certificates of proficiency in vaccination as above described.

"(Signed) EDWARD TRIMMER.

"The Registrar of the Medical Council."

"University of Edinburgh, Feb. 24th, 1877.

"DEAR SIR,—Your notice in regard to vaccination was duly received, and has been attended to by the Medical Faculty of the University of Edinburgh.

"(Signed) J. H. BALFOUR, Dean."

The Report of the Executive Committee with reference to a resolution of the Branch Council for England in regard to the Lunacy Acts was read:—"The Executive Committee have to report that, in their opinion, the difficulty can only be remedied by legislation in some such way as is suggested by the Lunacy Commissioners in their letter of November 24th, 1876, and they recommend that, on any occasion when either the Medical or Lunacy Acts are under consideration of Parliament, the requisite clauses be introduced."

DR. HUMPHRY moved, "That, as it appears that there is at present sitting a select committee of the House of Commons on the Lunacy Laws, the President be requested to draw the attention of the chairman of that committee to the subject of the above report."

Dr. ANDREW WOOD seconded the motion, which was agreed to.

Correspondence was read which had taken place between the President and the Registrar-General and the Secretary of State, on the subject of the Forgery of Death Certificates. The concluding letter was as follows:—

"March 24th, 1877.

"Sir,—I have to acknowledge the receipt of your letter of the 21st inst., and I will thank you to assure the General Medical Council that, if a clear case be reported to me of an unqualified medical man forging for his own purpose the name of a registered medical practitioner, in the hope of obtaining a conviction, as an example to deter others from similar misconduct, I will take the opinion of the legal authorities serving under the Lords of the Treasury whether legal proceedings should not be instituted. A prosecution by Her Majesty's Government *without a conviction* is much to be avoided. (Signed) "GEORGE GRAHAM,

"Registrar-General.

"The Registrar of the General Medical Council."

The Council then adjourned.

THURSDAY, MAY 17TH.

The Council resolved itself into committee to consider the report of the Medical Acts Committee.

The first part of the report dealt with the question of the territorial range of titles to practise. It referred to remonstrances received from the colonies as to the non-admission to the British Register of colonial qualifications, and stated that the question was one needing urgent decision by the Council. It also alluded to the subject of foreign degrees, which it recommended should be registered under conditions prescribed by the Council. The report went on to say:—

"The committee is of opinion that qualifications granted under legal authority in any part of Her Majesty's dominions ought to be regarded by the Council a presumptively entitled to legal recognition in the mother-country. It is true that the Council would be unable in general to judge the value of these qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the committee is of opinion that sufficient allowance for this consideration would be made by providing that in the Register there should be a distinct alphabetical section for 'practitioners registered in the United Kingdom in respect of qualifications conferred in the other parts of Her Majesty's empire.' And, in the opinion of the committee, it would of course also be desirable that the right of Indian and Colonial qualifications to be registered as above under the Medical Act should, in case of abuse, admit of being suspended by some such process as that which applies under Clauses 20–22 of the Medical Act to qualifications which are granted within the United Kingdom. It is the opinion of the committee that the Council should recommend to Her Majesty's Government to promote at the earliest opportunity legislation to the above effect. But if it should seem that such legislation, as perhaps opening some large questions under the Medical Act, could not at once be provided, the committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchant Shipping Acts.

"As regards qualifications granted under foreign governments, the committee is of opinion that there are many which, in international courtesy, ought to be admitted as conferring on the foreigners who seek to practise under them in British territory a claim to be recognised at law as properly qualified medical practitioners; cases, namely, where the degrees or licences are known not to be conferred except after all due education and examination. It is of course evident in regard of foreign qualifications that the Medical Council cannot ever pretend to judge their value as accurately as it judges the value of qualifications conferred in the United Kingdom under its own superintendence and visitation; and no doubt there may be particular foreign qualifications regarding which the Council, after inquiry, would not approve that they should have any legal recognition in this country. But cases of the latter description ought, in the committee's opinion, to be dealt with as exceptional. And, considering that foreigners who desire to practise here under legal sanction, would be practising chiefly, if not exclusively, on their own countrymen (who could here, just as when at home, judge for themselves as to the value of the diplomas of their own countries), the committee would recommend to the Council, as principles for legislation—(*a*), that the General Medical Council should have authority to establish, under conditions, in the Medical Register, a distinct alphabetical section for 'foreigners practising in the United Kingdom with qualifications granted in foreign countries and entitling to practise in those countries respectively;' and (*b*) that the Council should have authority to cause to be registered in this section of the Register such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be reasonable guarantees of professional skill.

"The committee does not propose that British subjects holding foreign qualifications should be dealt with under the above general rule. Freedom of choice as to places of study ought of course to be open to all; but the committee would think it inadmissible that British students, intending to practise in the United Kingdom, should have the option of undergoing in any other country than their own the examinations which are to test their fitness for practice. Individual cases may no doubt occur in which a British subject, having received his education and diploma in a foreign country with *bonâ fide* intention to practise in that country, and having perhaps spent many years in practice abroad, may eventually wish to take professional status at home, and to do so without submitting himself to the ordinary home examination; but cases of this sort would in all be very few; and still fewer would be those in which the claim to be exempted from examination could be deemed legitimate. Such almost solitary cases can hardly be thought to require a special notice in the law; but cases (if any) of extreme hardship might probably be best dealt with under some general exempting power with which the Council might be entrusted (as was proposed in Lord Ripon's Bill) in favour of persons unpossessed of registrable qualifications, but long established in practice, and of indisputable character and attainments.

"The committee does not propose that any foreign qualification should be registrable, as an 'additional qualification' under the Medical Act, by persons primarily registered under British qualifications. It is one thing to approve that, in regard of foreigners, the foreign degrees and licences should (under conditions) be admitted as reasonable evidence of qualification to practise; but it would be quite another thing to approve that such degrees and licences should take rank in the Register as special qualifications (which in effect would be titles of honour) for the already qualified practitioners of the United Kingdom; and the committee is of opinion that to accord this privilege to the foreign diplomas would tend to perpetuate, and would very greatly and most seriously increase, the difficulty which general readers of the Register must at present experience in any endeavour to understand what, if any, of the qualifications there recorded are to be deemed higher qualifications.

"As regards the proposal which has been made by M. Roger-Marvaise in the French Chamber of Deputies, to alter the present French law relating to foreign practitioners in France, and by the alteration to discontinue the usage under which many of our countrymen have from time to time been authorised to practise in that country, we are glad to believe that the proposed law is not likely to be accepted; and we therefore do not at present think it requisite to recommend that the Council should take steps, in addition to those which the President on its behalf has already taken, with reference to M. Roger-Marvaise's Bill. Lest, however, this sort of endeavour should at any future time be renewed, we would submit to the Council that the right with which this country could protest against it, as injurious to the reasonable interests of British sojourners in France, will materially depend on the legislation which may meanwhile have been made in this country in respect of the privileges which can be claimed among us by persons practising under foreign qualifications. It is true that the consequences which attach to not having a recognised professional status are more severe in France than in this kingdom; since in France no one without such status is allowed to settle in practice; whereas in the United Kingdom he may, if he chooses, settle in practice, though he cannot by process of law recover payment for any services which he claims to have rendered, nor can enjoy any other of the advantages which attach to registration under the Medical Act. But, on the other hand, the professional status is conceded exceptionally in France to foreigners who (as having the proper credentials of their own countries) can show reason for the exceptional privilege; whereas no such exceptional grace can be obtained by foreigners who are practising in England on their foreign diplomas; and in this respect M. Roger-Marvaise's Bill would only assimilate in principle the French to the present British law. That this state of British law is one which ought to be amended is, however, an opinion already expressed by the committee; and the committee is not prepared to believe that, if the British law were relaxed into the more liberal form which has been suggested, treatment of a less liberal kind would be accorded to British practitioners who may desire to exercise their profession in other civilised countries.

"In conclusion, the committee would propose that, if the Council approve of the suggestions of the above report, representations to that effect be at once addressed by the Council to H.M. Government, and that, before the end of the present session of Council, the Executive Committee be authorised to take such steps as, in the absence of the Council, may be necessary to promote the legislation which has been suggested."

Mr. SIMON, following the recommendation of the report, moved, "That the Council would approve of amendments of the Medical Act to the following effect—viz., That medical qualifications granted under legal authority in any part of Her Majesty's dominions, and entitling to practise in such part, should be registrable within the United Kingdom on the same terms as qualifications which are granted within the United Kingdom, but in a separate alphabetically arranged section of the Register."

Dr. STORRAR seconded the motion.

Dr. WOOD asked if Mr. Simon and the Medical Acts Committee were aware that persons registered under the Medical Act were not allowed to practise in Canada without being subjected to an examination.

Mr. SIMON said he had heard it so stated, and no doubt it was a matter into which the Council ought to inquire. Of course, if there was any absurd local regulation of that sort, it ought to be swept away like a cobweb, and no doubt that would be the view of the Imperial Government. The committee, however, did not think it requisite to complicate the question of the duty of England towards its dependencies with any question of reciprocity.

Dr. SMITH asked if it would not be well to declare that reciprocity should be established.

Mr. SIMON said if that question were to be raised it would be better that it should be brought forward as a distinct resolution applying to all the other amendments proposed. But he hoped the Council would not think such a course necessary. (Hear, hear.) There could be no doubt as to what was the dignified course for England to take.

Dr. PITMAN said it was declared by the Medical Act that every registered person should be entitled to practise in any part of Her Majesty's dominions, and he did not see how any part of Her Majesty's dominions could pass an Act of Parliament contravening the enactment.

Dr. WOOD said it had been done. He did not say that he would insist upon reciprocity, because the right thing ought to be done independently. He believed that the effect of such an act of justice on the part of England would be to secure a similar act on the part of the colonies. The Council was very much indebted to the committee for one of the ablest reports ever brought before it. It at once commended itself to his common sense. He had long felt that when the colonies were establishing schools and universities, little, if any at all, inferior to the schools and universities of Great Britain, it was wrong to treat those colonies as foreign countries. The committee had proposed a proper and liberal measure, and he had no doubt whatever that the Government would give effect to their recommendations.

Sir D. CORRIGAN expressed his objection to the last part of the proposal, requiring the holders of colonial qualifications to be entered in a separate register, and he proposed that those words should be omitted. There was no reason, he said, for such a petty distinction as the committee proposed.

Mr. SIMON said it was from no feeling of jealousy or pettiness that the committee had proposed a separate register of colonial practitioners. Their object was to make the Register as truthful as possible in its relation to the public. With regard to qualifications granted in the United Kingdom the Council had a direct responsibility; it superintended and visited the examinations, and was responsible for their efficiency. With regard to colonial qualifications it had no direct knowledge, and it was thought only reasonable that a distinction should be drawn between qualifications which the Council could guarantee of its own knowledge and those which it could not. No doubt many of the colonial qualifications were as good as those granted in the United Kingdom, but it was quite possible that some of them would not yet be brought up to that standard, and in justice to the public it was right that the proposed distinction should be drawn between them in the Register.

Sir WM. GULL said that the subject had been very much discussed by the committee, and it was thought hardly fair to put in one register the names of men whose education and examinations the Council had more or less superintended and the names of those with regard to whom no such control had been exercised.

Sir D. CORRIGAN said that the reason assigned for a separate register might be satisfactory to the Council, but such a distinction would appear invidious to the public, as implying a suspicion that the colonial qualifications were of an inferior character, and it was not fair to put anything in the Register which could be tortured into such an interpretation.

Mr. TURNER supported the recommendation of the committee. In registering British practitioners the Council satisfied itself by visitation and inspection that the examinations came up to the required standard, but no such test could be applied to colonial graduates or licentiates. That, he thought, was a strong reason for not modifying the proposal of the committee.

Dr. THOMSON said the Council had generally approved of a distinction being made between qualified persons, whose education and examination could be inspected, and those

whose education and examination could not be inspected; but the committee had considerable difficulty in deciding upon what the distinction should be, and it was only after very full deliberation that they came to the decision that a separate section of the Register should be established. It might be still for the Council to consider whether there was any better distinction that could be adopted.

Dr. WOOD asked if it would be necessary to have a schedule of the colonial bodies similar to Schedule A with reference to the English bodies.

Mr. SIMON said it would be only medical qualifications granted under legal authority, and entitling to practise, that would be registrable. It was also contemplated that some sort of security should be taken equivalent to that provided in regard to British qualifications by the appeal to the Privy Council.

Mr. LISTER said he sympathised very much with the view expressed by Sir D. Corrigan that there was something invidious in the distinction proposed. If the Council was prepared to register at all it was prepared to say that the person registered was entitled to the confidence of the public, and there was, therefore, no reason for the proposed distinction being made.

Dr. STORRAR did not approve of mixing up colonial and foreign with British qualifications, because the Council could not guarantee the former in the same sense that it could do in the latter. He felt the greatest possible sympathy for colonial graduates, and desired to give them every reasonable facility for practising in this country, but he thought there was good ground for registering the colonial qualifications in a separate list.

Dr. QUAIN said there was no feeling of jealousy or exclusiveness on the part of the Council, but it could not hold out to the public strangers who came for registration as equally educated with those with regard to whom so much trouble had been taken in ascertaining the value of their qualifications.

Mr. SIMON said he wished it to be thoroughly understood that the committee had not the slightest intention of casting the least slur on colonial qualifications. Many of them were of an admirable character, but they could not shut their eyes to the fact that there were many of which very little was positively known to the Council.

Dr. HUMPHRY said that all the provisions of the Medical Act had reference to qualifications obtained under Schedule A, and if colonial qualifications were admitted, it was essential that they should appear in a separate section of the Register. The Act made the bodies in Schedule A amenable, through the Medical Council, to the Privy Council and the nation, but there was nothing to show that the colonial bodies would be in the same position.

Dr. ROLLESTON said it was quite possible that students rejected in Great Britain might be induced to go to the colonies, and pass a less strict examination. An English student might thus come from Australia or Fiji and demand to have his qualification registered. He was quite of opinion that an educational solidarity between the mother country and the colonies would bind them together more closely than fleets, or armies, or Acts of Parliament, but unless what was done was absolutely truthful it would benefit neither party; and it would not be a truthful representation to insert colonial and British qualifications in the same section of the Register.

Mr. LISTER thought Dr. Rolleston's arguments would go against any registration at all. If a man was entitled to registration at all, he was entitled to be registered together with British practitioners.

Dr. SMITH remarked that it was not necessary for a rejected student to go as far as the colonies, there being other places to which he could go in the United Kingdom itself—a practice that was going on every day.

Dr. WOOD said it ought not to be supposed that there was no supervision of examinations in the colonies. In Canada and Australia there were Medical Acts and Medical Councils, and that was a guarantee that the diplomas had not been granted on insufficient qualifications. The colonies were capable of educating, examining, and supervising, and if the proposed boon was to be granted at all, it should be done in a graceful manner, without making a distinction which implied the inferiority of colonial qualifications.

Sir W. GULL was sorry that any animus had been introduced into the question. It was really not a matter of feeling, but only a matter of common fairness and truthfulness to the public.

Dr. FLEMING said that the argument in favour of registering colonial degrees in the body of the Register would also apply to foreign qualifications, and he wished to know whether it was proposed that foreign degrees should be placed on the same footing. Colonial qualifications were intended to have the same privileges as British qualifications, but that was not the case with foreign degrees.

Mr. SIMON having briefly replied, the amendment to omit the final words of the resolution was put and rejected. The numbers being—For, 7; against, 13.

The original motion was then put and carried.

Mr. SIMON moved, "That the General Medical Council should have authority to establish, *under conditions*, in the Medical Register, a distinct alphabetical section for 'Foreigners practising in the United Kingdom, with qualifications granted in foreign countries, and entitling to practise in those countries respectively.' That the Council should have authority to cause to be registered, in this section of the Register, such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be sufficient guarantees of 'the possession of the requisite knowledge and skill for the efficient practice of the profession.'"

Dr. STORRAR seconded the motion, which, after a short conversation, was put and carried.

On Section 9, Mr. SIMON proposed, "That the Council would not approve, as a general rule, that British subjects should be allowed registration in the United Kingdom on the basis of foreign qualifications; but the Council would approve the granting of a limited authority to the Council to permit, in particular exceptional cases, and by way of special grace, the registration of persons long established in practice in foreign parts, and of proved character and attainments, but not possessed of registrable qualifications." The cases to which this section was intended to refer were, he said, extremely few—those of British subjects who might have attained high eminence in their profession in foreign parts, and wished to practise in England, but who could not be expected to undergo examination here. A man might spend his whole student life on the Continent, with intention of being permanently a continental practitioner, and, having got his degree on the Continent, might continue to practise there for many years. Such a person, on returning in advanced life to England with his foreign qualification, would feel it very hard to have to submit to an examination. The intention of the committee was that the Council should have the power of helping him, but in such a way as not to establish a precedent which might be strained into the universal admission of foreign degrees held by British subjects.

Dr. STORRAR seconded the amendment.

Dr. THOMSON said he gave his general assent to the proposition contained in No. 9; but in a *bonâ fide* case, where a young man, a British subject, had lived in a foreign country and was for the time being an inhabitant of that country, and went through a full course of study and examination, and practised for a short time there, he could not see why he should not be entitled to the same privileges as a foreigner. He would be inclined to admit such cases to the Register.

Mr. SIMON said, when examination rules were under consideration, the Council would always be able to make such modified rules as would meet those cases, which, however, were very few, and the general principle ought not to be endangered that everyone who meant to practise in the United Kingdom should be examined here.

Sir W. GULL said it was desirable that students should study at all sorts of schools, and it was a great advantage that they could go to foreign schools; but it was quite inadmissible that British subjects should be registered simply because they had obtained qualifications abroad.

The resolution was agreed to.

Mr. SIMON, referring to Section 10, said it related to an extremely difficult matter, and the committee had taken great pains in its consideration. It was well known that there were many British practitioners who held foreign titles of qualification, and who would be glad to have them on the Register, but the committee did not approve of that, and he felt obliged to say that in his opinion it would in effect make the Register deceptive. He supposed that the

object of those who were asking for the privilege was to convey by means of the Register that the foreign degrees had the meaning of what we call "higher qualifications." The general public would imagine that a foreign degree was in every case equal to a British "higher qualification," though in France, Germany, Holland, and Belgium "M.D." was in fact the common, not to say minimum, qualification for practice, and was universally used as simply equivalent to the word "doctor" as popularly applied in England to every follower of Æsculapius. His motion was, "That the Council would not approve that foreign qualifications should be registrable as 'additional qualifications' under the Medical Act by persons primarily registered under British qualifications."

Dr. STORRAR seconded the motion, which was agreed to.

Mr. SIMON said that Section 11 scarcely required any vote by the Council, unless it were to thank the President for the trouble he had taken in relation to M. Roger-Marvaise's Bill.

The PRESIDENT said he had ascertained from the Foreign Office that the point had not yet been settled, and it would therefore be necessary to continue to watch the subject.

The Committee then proceeded to consider Section B of the report.

"*Legal difficulties under Russell Gurney's Act, and under the Medical (Royal College of Surgeons) Act, of* 1875.

"1. On the question which was referred to this committee for consideration and report, as regards the second proviso in Russell Gurney's Act, the committee has to report as follows:—The recommendation of the General Medical Council in 1876 (see Minutes, p. 239) was—'That the qualifications conferred should not, except at the further discretion of the bodies, carry with them any right to take part in the government of the universities or corporations or any right or privilege beyond that of registration with a view to the practice of the medical profession.' The Act 39 and 40 Vict., cap xli., Clause 1, contains the following proviso:—'Provided always that nothing herein contained shall render compulsory the exercise of such powers, and that no person who *but for this Act would not have been entitled* to be registered, shall *by reason of such registration*, be entitled to take any part in the government, management, or proceedings of the universities or corporations mentioned in the said Medical Act.' This proviso appears to be open to serious objection in respect of the two groups of words which are put in italics: in respect of the first group, because much needless contention might arise under them as to what 'but for this Act' would be the entitlements to registration; and the second group, because of the assumption that it is 'registration' which gives power to take part in the government, &c., whereas the right to take such part arises, not from the registration, but from the degree or qualification which the university or corporation confers. And thus the proviso appears to the committee to be such that only a court of competent jurisdiction can determine what construction is to be put upon it. It appears quite certain to the committee that the intention of the Legislature was to carry out the recommendation of the General Medical Council; and the committee is of opinion that a representation should be made to Her Majesty's Government with a view to the amendment of the Act in this respect. It would be desirable that the new proviso, which should be substituted for that which is at fault, should be as completely as can be unambiguous; and the committee would suggest that in its amended form the proviso should be to the following effect:—'That if any university or medical corporation, which has not before the passing of the Act examined women for qualifications as aforesaid, shall at any time after the passing of the Act see fit so to examine women, no woman obtaining such qualification shall, in respect of it, except at the further discretion of the university or medical corporation granting the same, be entitled to take any part in the government, management, or proceedings of the university or corporation.'

"2. As regards the legal difficulty which the Royal College of Surgeons has brought under the notice of the Council, as preventing the College from arrangements which it would wish to make with other authorities for a joint examination of women desirous to obtain the midwifery licence of the College, the committee, having, as desired by the Council, considered this difficulty, has to report that, in view of its parity of matter with the previously-mentioned difficulties under Russell Gurney's Act, it would, in the opinion of the committee, be desirable that, whenever legislation shall be proposed for removing the difficulties under Russell Gurney's Act, such legislation should extend to the College of Surgeons Act, in order to relieve the College from the difficulty which now stands in its way. In the summer of 1875, when the Bill for the College of Surgeons Act was under consideration, no question had yet arisen as to the College's granting its midwifery licence to women, and the possibility of its perhaps desiring to take this course, and to take it by means of joint action with other authorities, was not in view of the framers of the Bill. The effects of this oversight are represented in the first section of the Act, where not only no special provision is made for the granting of the midwifery licence by way of joint action, but where also, under the general, but very inadequate, enablement of Clause 19 of the Medical Act, the difficulty is created that, if the College took joint action distinctively in regard to women candidates in midwifery, the question might arise whether the women passing this joint examination could be excepted from the general effect of Section 1 of the College of Surgeons Act, under which all persons who pass such joint examinations as are therein described become of right members of the College. In order to define more exactly the amendment which seems requisite, the committee, subjoining copy of the first section of the College of Surgeons Act, inserts (within brackets) certain additional words, which, if they had been in the section, would apparently have obviated the difficulty which is described; and the committee would suggest that the present law should, by suitable amendments, be brought to express the meaning which the subjoined section, with the inserted words, would convey."

Mr. SIMON moved, "That with regard to the legal difficulties under Act 39 and 40 Vict., cap. xli., Section 1 (Russell Gurney's Act), the Council would recommend that the proviso in Section 1, beginning 'provided always,' should be amended to read as follows—viz.: 'That if any university or medical corporation, which has not before the passing of the Act examined women for qualifications as aforesaid, shall at any time after the passing of the Act see fit so to examine women, no woman obtaining such qualification shall, in respect of it, except at the further discretion of the university or medical corporation granting the same, be entitled to take any part in the government, management, or proceedings of the university or corporation.'"

Mr. STORRAR seconded the motion, which was agreed to.

The next portion of the report referred to Section 1 of the College of Surgeons Act, in which some amendments were suggested. After a short discussion it was moved by Mr. SIMON, seconded by Dr. STORRAR, and agreed to: "That the Council concurs with the Royal College of Surgeons of England in the opinion that the Royal College of Surgeons Act of 1875 requires amendment, and that the Council, if so desired by the College, would be ready to concur with the College in recommending to Her Majesty's Government that the amendment of this Act should be undertaken by Government in connexion with the amendment of Russell Gurney's Act."

It was further resolved, on the motion of Dr. HUMPHRY, seconded by Sir JAMES PAGET, "That so much of the Report as relates to the legal difficulties of the Royal College of Surgeons of England be referred to the president and vice-presidents of that College, and the representative of the College on this Council for their consideration; and that their opinion be requested upon the proposals made, before this Council continues the further discussion of the Report."

On the motion of Mr. SIMON, seconded by Dr. STORRAR, it was agreed: "That the Council approve the recommendations of Section C of the report, and that the Council should promote such an amendment of the law as would enable the Council to receive all penalties accruing under the Medical Act, anything to the contrary contained in any other Act, local or general, notwithstanding."

"*Appropriation of Penalties accruing under the Medical Act.* The committee has given its attention to representations which have been made to the Council relating to the recovery of penalties from persons convicted of illegal practice. By Clause 42 of the Medical Act it is provided, and in the opinion of the committee reasonably so, that all penalties shall be paid to the treasurer of the General Medical Council;

and so far as this payment of penalties is made, the Council is enabled to meet the applications which persons who have undertaken the charge of prosecutions often make for contribution of the whole or a part of the penalties towards the expenses of such prosecutions. But Clause 42 is so far imperfect that it does not repeal, in regard of its subject-matter, the provisions of the Police Courts (Metropolitan) Act and other local Acts; and under these provisions another destination is given to such penalties. It is therefore very desirable, in order to give effect to the evident intention of the Legislature, that a remedy should be applied to Clause 42; and the committee suggests that the Council should move Her Majesty's Government to procure the required change in the law. The addition to Schedule 42 of such words as these would, in the opinion of the committee, meet the case—viz., 'anything to the contrary contained in any Act passed before the passing of this Act notwithstanding.'"

The Council then resumed, and adopted the report.

The President, Mr. Simon, Dr. Andrew Wood, and Dr. Hudson were appointed a deputation to wait upon the Lord President of the Privy Council and communicate the report and resolutions; and the Council then adjourned.

FRIDAY, MAY 18TH.

The PRESIDENT, at the opening of the Council, said: Before we proceed to the business of the day it is my duty to lay before the Council the result of a deputation to the Duke of Richmond which has just taken place. In conjunction with Mr. Simon (the chairman of the Medical Acts Committee) and Dr. Andrew Wood, I waited upon the Duke of Richmond. I am sorry that, from circumstances which were unavoidable, Dr. Hudson was unable to be present. I stated to the Duke and to Lord Sandon that the Council had had under their consideration during the present session the various matters relative to the amendment of the Medical Acts which were referred to by the Lord President. I stated that these were—the subject of colonial and foreign degrees; the action of the French Government in respect of British practitioners; and the education of midwives. But it seemed right to add, for the information of the Lord President, that besides these, which had been referred to us by the Government, the following topics had been or were about to be under our consideration—first, Dr. Lush's Bill to amend the Medical Acts; secondly, an amendment of Mr. Russell Gurney's Act of last year; thirdly, a Bill by Mr. Errington to amend the Medical Act of 1858, which was introduced into the House of Commons the night before last, and which will be laid before the House as soon as it is printed, orders having been given for its printing; fourthly, a proposal to amend the College of Surgeons Act of 1875; and fifthly, an amendment of the Lunacy Acts, which, although not directly connected with our own Act, is intimately connected with some of the duties we have to discharge in relation to that Act, and it seemed right to draw attention to the fact that the President had already put himself in communication with the Chairman of the Committee of the House of Commons on the subject. It was pointed out to the Lord President that there were thus eight distinct subjects requiring legislation, or at all events requiring consideration for the purpose of legislation, under the consideration of the Medical Council. Having made that general statement simply in the way of enumeration of the business in this direction which was before us, we laid before the Lord President the conclusions to which the Council had come thus far while in session; and the report which has been just read and confirmed was officially handed to his Grace for the consideration of the Government. I also added that the Council would no doubt send to his Grace the conclusions at which we should arrive either to-day or on subsequent days of the session. I then, according, I believe, to the wish of the Council, requested the President to inform us whether the Government would be able to assist the Medical Council in procuring what they judged to be necessary amendments in the law; and, if so, whether the Government would undertake this during the present session of Parliament, or at what time they would do it. It is easy enough to recite what it was my endeavour to state under your instructions. (If I have stated anything incorrectly the Chairman of the Medical Acts' Committee or the Chairman of the Business Committee will be able to correct me.) It is not so easy to represent, on behalf of another, without authority, his answer; but I think—speaking under the reserve with which one must speak for another person—that this is substantially the information which we have received. With regard to the private Bills already before the House, such as Dr. Lush's or Mr. Errington's, the Lord President (speaking with the ordinary reserve of a minister) said there was very little chance in the present state of public business in the Houses of Parliament of a private Bill on any subject, not of first-class importance, passing during the remainder of this session. Then, setting aside those two Bills, the President said that all those points which we had mentioned to his Grace were certainly, severally and collectively, of very great importance, but that their importance could not be put on the same level, some being more and some less urgent. He was not able, of course, to give any answer, even with regard to those which are most urgent. On a subject of this kind, with regard to the introduction of a Government Bill, he could not speak without conference with his colleagues; therefore practically no definite answer could be given. The Lord President added that he should be very anxious to receive from the Medical Council, at the close of their session, the fullest expression of their opinion on the points referred to them by the Government, and also their suggestions and advice as to any other matters which they think require legislation; and that if such a memorandum were transmitted to his Grace he would undertake to lay the matter before the Cabinet at the most convenient period, and then to consider not only whether the Government would take the subject up, but also whether they would take up the most urgent points at one time, and the less urgent at another. I think I have stated pretty exactly what the Lord President said upon that point. Perhaps it is not improper that I should add that the Duke pointed out that the Government has now Bills which have precedence. There is the Universities Bill, which was in committee last night in the House of Commons, and the House, as we know, has broken up for the Whitsuntide recess; there are pages of amendments upon that Bill; it has not yet passed the House of Commons, and therefore is not yet in the House of Lords. Then there is the Prisons Bill, brought in by the Home Secretary at the early part of the session, which still blocks up the way, and has afterwards to go to the House of Lords. These Bills, his Grace stated, must necessarily have precedence, as Bills of the first order, and being already before Parliament. I think that is the substance of what took place, and I will only add what the Lord President added, to sum up the whole matter, that he desires that we should furnish to the Government a statement of all the conclusions at which we have arrived, distinguishing between those matters which we considered to be urgent and those which we regarded as of more general consideration. There was one suggestion which was not made by the Lord President himself, but which was made at the time—that with regard to perhaps the most urgent matter of the whole—that which affects the colonial practitioners. It might very probably be possible to remedy the particular evil which is complained of in Canada, and made a matter of representation to this country, by the alteration of a clause or two in the Merchant Shipping Act and Passengers Act, without raising the question of any alteration or amendment of the Medical Acts. I perhaps should not conclude without saying that a very full statement was made in illustration of the various points by the Chairman of the Medical Acts Committee and by the Chairman of the Business Committee on the various points in answer to questions from his Grace. The Chairman of the Business Committee desires me to add what I have much pleasure in adding—which, however, I did not state because it did not bear directly upon the short historical statement which I gave,—that incidentally the Lord President observed, what the Council I am sure will be happy to hear, that he himself and the Government generally feel that a body constituted like the Medical Council is in full possession of the knowledge of what is necessary in relation to medical questions, whether viewed professionally or in a more complete and national sense; and I think I do not overstate the case when I say that it was his Grace's conviction that it was essential, as well as desirable, to confer on all subjects of this kind with the Medical Council prior to undertaking legislation.

Mr. SIMON said it was impossible to speak in too strong terms of the courtesy and kindness with which the deputation was received by the Duke of Richmond, but he greatly regretted that the Government, in receiving a deputation from the Council charged with a quantity of technical matter, had not in attendance any functionary of the medical profession. He knew from long experience that, as a rule, there was practically no chance of getting such matters of detail dealt with in a Government office unless there was some skilled officer to take them in hand. Now and then, perhaps, the absence of a skilled officer might be compensated by such indefatigable zeal as that of the President, or by the special interest of a particular member of Government, especially if the matter were one of political importance; but, generally, no continuity of attention from Governments to matters of the kind to which he referred could be kept up except by permanent officers of the Civil Service, appointed for the purpose.

The Council then resolved itself into committee to receive and consider the following section of the report of the Medical Acts Committee:—"As regards the memorial of the Royal College of Surgeons of Edinburgh, referred to this committee, the committee has to report as follows: 'The matter of the memorial does not, in the opinion of the committee, require the Council at present to express any judgment in regard to it; but the committee suggests to the Council that a copy of the memorial should be sent by the Council to the Royal College of Surgeons of England, for the information of that College.'"

Mr. SIMON moved, "That a copy of the memorial received from the College of Surgeons of Edinburgh with regard to dental surgeons be sent to the Royal College of Surgeons of England, for the information of that College."

Dr. STORRAR seconded the motion.

Dr. WOOD objected to the motion. He thought the matter was one upon which the Council might fairly be called upon to give an opinion. A great agitation was going on at the present time in the dental profession, which was divided into two camps. It was desired that no man should be entitled to practise or call himself a surgeon-dentist unless he had received a certificate from the Royal College of Surgeons of England; and it was also proposed that there should be a schedule in the Register for the registration of dental surgeons as such. He thought it would be neither expedient nor fair to have special schedules for dentists, oculists, aurists, or chiropodists. Everyone who had a licence in surgery was certainly qualified to practise as a dentist. He proposed as an amendment, "That, having considered the memorial of the College of Surgeons of Edinburgh as to the question of dental surgeons, in the opinion of the Council it is not expedient that a special schedule should be added to the Medical Act for the registration of dental surgeons as such; and that a copy of the memorial be sent to the Council of the Royal College of Surgeons of England for the information of that College."

Mr. SIMON said the committee quite felt that it would be the duty of the Council to take a vote upon the subject if it came before the Council as a proposal, but the College of Surgeons had not so dealt with it. If that College were proposing to alter the Medical Act it would be time to speak, but it was not for the Council to pass abstract resolutions and trouble itself unnecessarily as to every request that might be made to other bodies. It would be jumping long before getting to the stile.

Sir J. PAGET said that the action of the College of Surgeons had been entirely misunderstood by the memorialists. No suggestion had been made by that body of the kind intimated in the memorial. The question by whom the qualifications of those who were to hold certificates of having studied dental surgery should be signed had not even been considered by the College; nor had it before it any scheme for the registration of dental surgeons. It would be therefore almost unseemly to send the memorial to the College as accepted by the Council as stating anything approaching the real state of matters. It would be sufficient to receive it and enter it on the Minutes.

Dr. WOOD thought there was a misprint in the memorial, and that the suggestion had been made not by but to the college. The question, however, had been agitated for a long time, and he thought it better that it should be quashed at once.

Dr. STORRAR agreed with Mr. Simon that it would be taking a very long leap for the Council to pass such a resolution upon the memorial. There was a great discrepancy of opinion on the subjects amongst the dentists themselves. He believed that the College of Surgeons of England had never taken up any position in relation to surgeon-dentists which was not shared by the Colleges of Surgeons of Edinburgh and of Ireland.

Dr. Wood's amendment was put and negatived. The original motion was then carried.

The Council then considered the next section of the Medical Acts Committee, relating to Dr. Lush's Medical Acts Amendment Bill, which was as follows:—

"As regards Clause 1, the committee need hardly observe that, in common with the whole body of the medical profession, it regards with extreme regret the injury occasioned to the general community by the unskilled practice of unqualified persons. But the committee cannot recommend to the Council to give approval to Dr. Lush's Clause 1 as it stands. The committee does not believe that a clause of such stringency, even if it could be recommended by the Council, would have any chance of being accepted by the Legislature. And supposing even that this clause were modified into the comparative mildness of Section 23 of Lord Ripon's Bill, the committee would suggest that endeavours to strengthen the Medical Acts in their penal relations to medical imposture may probably best be postponed till such time as those Acts shall have received all essential amendments in the provisions relating to the profession itself, and shall then be in readiness for consolidation.

"As regards Clause 2 of Dr. Lush's Bill, the committee has already submitted to the Council a recommendation that Her Majesty's Government should be moved to promote the amendment of the law for which this clause would provide.

"As regards Clause 3, the committee has already reported to the Council the course which it would recommend to be taken by the Council in regard of the various university degrees to which this clause refers."

Mr. SIMON moved, "That in the opinion of the Council the consideration of the question of introducing more stringent penal clauses into the Medical Act should be postponed till such time as those Acts shall have received all essential legislative amendments in the provisions relating to the profession itself, and shall then be in readiness for consolidation."

Dr. STORRAR seconded the motion.

Mr. LISTER gave notice of the following motion: "That in the opinion of the Council it is desirable that any change which may be made in the Medical Act should include a provision that no person be admitted to the Medical Act who does not possess a qualification or qualifications in both medicine and surgery." (Hear, hear.)

Dr. WOOD objected to deferring the subject *ad Græcas kalendas*. It would be a long time, he thought, before the Acts were "consolidated."

Mr. SIMON said they could not consider the question of trespassers until they knew exactly the limits of the profession as defined by law. The Council had been dealing with colonial and foreign trespassers, as they now were in the eye of the law, and when that matter had been set right it would be time to deal with pretenders and impostors.

The motion was then put and carried.

Mr. SIMON said he hoped that the committee would soon agree upon a report relating to midwives. More than four years ago a committee had been appointed to consider that subject, and it had reported to the Council, but the report was not adopted. The committee was reappointed, and he should like to ask if it was still in existence, or if they had again reported on the subject.

The PRESIDENT said that nothing substantial had been done by the committee since its reappointment. There seemed to be but little desire to prosecute the subject, and there were many difficulties connected with it. The view adopted by the committee was that the question was not ripe for settlement. Since the reappointment of the committee legislation had taken place by which women had a complete entrance into the profession as surgeons and physicians, and now seemed to be the time for reopening the question as to whether the Council would undertake anything concerning the education and registration of midwives.

The Council then proceeded to the adjourned consideration of Dr. Humphry's report.

Dr. HUMPHRY moved, "That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study, and the Council suggests to the licensing bodies to consider whether this object might not be obtained, or partly obtained, by examinations held at the several medical schools by the teachers in those schools, or by other examiners, under such supervision as may from time to time be determined." He said that the resolution did not contain the binding clause previously objected to by the Council, that no time should count until the first examination had been passed; it merely expressed an opinion that it was desirable that such an examination should take place in the first year, which he believed was the general view taken by the Council. It was simply offered as a suggestion, and it was also suggested, with a view of getting over the difficulty in regard to expense, that such examination might be held at the several schools. That was not incompatible with the desire that the examination should be held by the licensing bodies themselves. Of course it would still be open to them to hold it. That was now done by the universities of Cambridge, Edinburgh, Glasgow, Aberdeen, and the King and Queen's University of Ireland, not necessarily, but commonly, in the first year. With regard to the examination at the schools, he was well aware of the objection to examinations conducted entirely by the teachers, but the resolution did not propose that the examination should be conducted by the teachers of the subjects examined upon, the words of the resolution being "by the teachers in those schools or by other examiners under such supervision as may from time to time be determined." In many instances it was desirable that teachers should take part in the examination of their own students. That was felt strongly, especially by the universities in Scotland, on the ground that it attached the students more closely to the work under their direction. If the teachers examined under supervision, it would be a stimulus to them, not simply in the conduct of the examinations, but in the preparation of the students.

Mr. TEALE said the object sought was not to increase the work of the students, but to enable them to get through it with greater certainty and ease; but unless the examination proposed were carefully guarded, it would have an opposite effect to that intended.

Dr. ROLLESTON proposed to omit the first part of the resolution, and suggested the words, "It is desirable that more than one opportunity for passing in the earlier subjects of the examination should be afforded to students before the end of the first year of professional study."

Sir W. GULL seconded the amendment.

After a lengthened discussion, the amendment was put and rejected.

Mr. SIMON then proposed an amendment, to the effect that it was desirable that the examination, instead of "taking place," should "be passed."

Mr. LISTER suggested that that would be equivalent to the motion that had been already negatived by the Council.

The PRESIDENT pointed out that there was a distinction between the two, Mr. Simon's suggestion only being that it is "desirable" that the examination should be passed.

The amendment was put and rejected.

Sir JAMES PAGET expressed a hope that Dr. Humphry's motion would be accepted. He could not express too strongly his belief as to the propriety of having an examination at the end of the first year of professional study. There was no desire to "legislate" in the matter; the most that it was proposed to do was to express a strong opinion—the opinion of persons competent to judge—of the best course to be pursued; and no doubt one body would carry out the recommendation in one way, and another in another. Many students worked well for the first three months, and then fell off, wanting the incitement of a coming examination. He knew nothing of greater importance than some means by which students should be induced to study in the first year. He remembered the time when they did not study much even in the second year, and some stir was made to induce the College of Surgeons to determine that an examination should be passed at the end of that year. That had worked a very great change for the better, and a similar resolution with regard to the first year would, he believed, work a change scarcely less valuable.

The motion was then put and carried by a large majority.

Dr. HUMPHRY then withdrew the latter part of the resolution with regard to the examination at the schools, and moved, "That it is desirable that visitations of the several medical schools, the certificates of which are received by any of the licensing bodies, should, from time to time, be made by this Council." In doing so he said the Council had hitherto wisely directed its attention to the work of examinations, and the effect of the visitations had not been the result of any pressure put upon the licensing bodies, but of the silent working of the visitations, from the conferences between them and the examiners, and the reports presented to the Council. His desire was that the same process should be carried on with regard to the schools. His suggestion was that visitors should be sent to schools to ascertain the number of students in each, the proportion of the staff to the numbers, the apparatus for the purpose of instruction, and the methods by which the instruction was given. For some years the Council had been working at examinations; it was now desirable that they should enter upon the science of teaching, and from the number and eminence of the teachers constituting the Council, there could be no body more competent to perform the task. It might be said that the Council had no power to do it, but if that argument had prevailed the Council would have done very little. The moral code was happily more powerful than the code of law, and almost all the recommendations which had been issued had been accepted and were being carried out by nearly all the licensing bodies. It might be said that such visitation should be left to the licensing bodies, but it was a great work which the Council should be desirous of doing, and the licensing bodies had no more legal power to do it than the Council. It would also be a more invidious task for individual licensing bodies to perform.

Sir JAMES PAGET seconded the motion.

Mr. SIMON said the inspection should be by the bodies who had to recognise the schools. He was not, however, an unqualified admirer of the recognition system. In the long run those schools in which the teaching was good would pay, while those in which the teaching was bad would fail. Some means should be taken, however, to let students know which were the successful schools. That object was attained in proportion as licensing bodies took pains to bring into relief the "pluck" and "pass" of the different schools. He attached more importance to that in the long run than to inspection.

Mr. TURNER said he found from the Medical Directory that in London there were eleven schools, in other parts of England eight, three university schools in Scotland, and ten schools in Ireland. In addition to these were extra academical teachers, whose courses of education were recognised by the Universities of Glasgow, Edinburgh, and London, and by the corporations in Glasgow and Edinburgh. If the Council attempted to inspect all these it would take an immense amount of time and money. The visitations of examinations had already cost over £2000, and the visitations at schools would necessarily cost a much larger sum, for it would be necessary to visit a school twice a year, both in the winter and in the summer session. In order to form a proper judgment of a school a visitor would have to report on the merits of the teachers, and that would be a most invidious task. Altogether there were so many practical objections to the resolution that he did not think the Council should adopt it.

Dr. ANDREW WOOD said he agreed with Dr. Humphry that it was extremely desirable that the schools should be visited, but he did not think it was the duty of the Council to do it. In order to inspect the teaching at Edinburgh, where there were one school and fifteen extra-mural teachers, the visitor would have to take up his residence there for a month, and at five guineas a day the expense would be 150 guineas. He thought, however, the influence of the Council might be brought to bear upon the schools in another way—by requiring that the licensing bodies, when they sent up the list of "plucks," should state the schools where the students had been educated. He therefore proposed as an amendment: "That the Council recommend to the licensing bodies &c. that they take a note of the schools of medicine which have been attended by each candidate for their licence or degree, and that the returns of the rejections made annually to this Council be accompanied by a statement of the schools which have been attended by each rejected candidate."

Dr. HALDANE seconded the amendment.

Sir W. GULL disapproved of the amendment. The examiners at Guy's considered that the publication of the "pluck" list was most demoralising to the students, as it induced them simply to cram to their utmost.

Sir D. CORRIGAN said no good could result from the amendment, as students frequently attended several schools before their final examination. With regard to the motion, was it possible to suppose that the Treasury would permit the illegal expenditure of so much money as the visitations of all the schools would cost? The idea that the visitors should investigate the merits of the teachers was simply ridiculous. He had himself been a lecturer, and nothing would have aroused his indignation more than for a member of the Council to enter his room and sit down to criticise the way in which he taught.

Mr. MACNAMARA said the College of Surgeons, Ireland, never consented to receive certificates from a school until they had ascertained what were the capabilities for instruction there. When he first began lecturing he had to give a probationary course of lectures before he was put on the list. The University of Dublin adopted a similar precaution. He knew of only one advantage which would result from the proposed visitations, and that was that if a visitor attended a course regularly he would probably go away with more knowledge than he ever had before. (Laughter.)

Sir JAMES PAGET said he had carefully studied the lists of failures and successes at the College of Surgeons, and nothing could be more absolutely uninstructive. There were some schools which were notoriously good, and others which were notoriously bad; but the numbers of rejections were about equal, for at the bad schools the grinder intervened between the teaching and the examination.

The amendment was negatived, only three members voting for it.

Sir JAMES PAGET, speaking in support of Dr. Humphry's motion, said the objections which had been advanced against it lay just as strongly against the visitation of examinations; but in the latter case they had been practically found to be unfounded. Mr. Simon was right as to the matter and law that it belonged to licensing bodies to ascertain whether they recognised rightly or not; but the difficulties in the way of the licensing bodies were not less than those in the way of the Council.

Sir W. GULL said that the duty of the Council was not to ascertain where a man had acquired his knowledge; but what knowledge he had acquired, and they should therefore confine their attention to the examinations.

On the motion of Mr. Lister the debate was adjourned.

SATURDAY, MAY 19TH.

The Council was occupied for some time in discussing a question that was raised in reference to the Minutes. These had contained a full account of the remarks of the President with reference to the deputation to the Lord President; and Mr. Simon moved that they should also contain a record of the fact, stated by himself, that no medical functionary of the Government was present at the important interview in question. Dr. Wood and other members objected to such additional record as being contrary to the standing orders of the Council; and the President gave effect to the objection, and declined to put the motion. Ultimately, at the request of several members, Mr. Simon withdrew his motion on the understanding that the President would add to his printed remarks the names of the persons who alone were present with the Lord President—viz., Lord Sandon and Mr. Peel, the clerk of the Council.

The Council then went into committee and took up the adjourned consideration of Dr. Humphry's motion with regard to the visitation of medical schools.

Mr. LISTER said it had been assumed that the visitation of the schools involved the visitation of the teachers and a consideration of the efficiency of the mode of instruction, but, on the other hand, it had been said by the seconder of the motion that such an idea must be regarded as out of the question; the proposal, therefore, was simply that the Council should institute a visitation of the schools with reference to the efficiency of their means of instruction—hospital opportunities, dissecting-rooms, laboratories, and the like. That undoubtedly was a thing that could be done at very little expense. A single day would suffice for such an examination, so that the argument as to expense fell to the ground. He did not believe that the legality of the expenditure would be questioned any more than that of the expenditure for the Council's lunch.

Dr. ROLLESTON said no doubt some good would arise from the proposed scheme, but the question for the Council to consider was whether it would not be more than counterbalanced by the evil. He could not separate the *personnel* from the *matériel*. It was impossible to visit the school without visiting the teacher, and it would be lowering to the teacher's dignity to be interfered with when he was *en rapport* with his pupils. There was a danger of sowing distrust between them by such a visitation. As to the mere inspection of the material it was perfectly useless; what the Council wanted to know was whether the material had been utilised, and that it ascertained by examinations. People should be allowed to get their knowledge as they pleased, and he should be sorry to see any further limitations proposed. He agreed with the statement of Mr. Lowe, that in teaching there should be competition, with as few restrictions as possible, and in examination unification; and he feared that the proposed step would check spontaneity and individual enterprise.

Dr. HUMPHRY said it was admitted on all hands that the visitation of the schools would be a good thing, the objections being to the practical working of the scheme. As to legality, if the Council acted strictly within the letter of the Medical Act its work would be very light. It was constantly going beyond its strict powers. It was not contemplated, however, that the visitation should take place in opposition to the wishes of the schools, but he was certain that no school in the empire would refuse the visitation. The Council could do what they liked with their money, and unless the funds were employed, instead of lying idle, the public might ask what they were doing. There could be no possible objection to the money being used in the legitimate work of promoting education. The Council had visited at least forty-five out of the fifty examinations of the licensing bodies, and each examination required at least two days, so that nearly a hundred days had been occupied in the work. In visiting the examinations in Scotland several journeys were required, but the schools there could be visited in one journey, so that the travelling expenses would not be so heavy. No one had thought of the visitor listening to each individual lecturer, or sowing dissension between him and his pupils. All that was wanted was to ascertain the general apparatus and plan of the school. On the whole he thought that far greater good would be done by visiting the schools than by visiting the examinations, for the former were the sources and fountains of knowledge, and it was of the highest importance to see that they were clear and good.

Mr. SIMON said he had thought of moving an amendment to the motion, but he would content himself with giving a negative vote. The fundamental principle of good government was to avoid the division of responsibility; and if the motion were carried it would create a division of responsibility in an important function. He contended that those who recognised were the persons to visit. The Council was entitled to ask the licensing bodies under what conditions they recognised the schools; and if there was reason to suppose that recognition was afforded on insufficient grounds, then it might be the duty of the Council, not as the ordinary but as an extraordinary authority, to superinspect. In such cases, and such cases alone, it might possibly be the duty of the Council to visit the schools. Just as in sanitary administration the Government did not visit nuisances, but visited the local authorities whose duty it was to look after the nuisances.

The motion was then put and negatived, the numbers being—for 4; against 17.

Dr. HUMPHRY moved the confirmation by the Council of the resolutions passed in committee.

Mr. MACNAMARA said that the resolutions ought to be formally brought up and entered on the programme before they were submitted for confirmation, so that the matter might be re-argued if necessary.

Dr. WOOD protested against such a waste of time, and said that the confirmation was a mere formal matter.

Some discussion ensued on this point, in the course of

which Dr. PYLE referred to the hardship which the threefold examination would inflict upon his pupils in the north, who did not go to Durham for examination, but to London or Edinburgh, three separate journeys being required for the purpose. The resolutions were duly confirmed.

The Council then considered two reports of the Committee on Recommendations, one presented last year, and the other during the present session.

Dr. WOOD moved the adoption of the first recommendation—"That no person be allowed to register as a medical student unless he shall have previously passed a preliminary examination in the subjects of general education as hereinafter provided."

Dr. HUMPHRY seconded the motion, which was agreed to.

The following recommendation was also adopted:—"That it be delegated to the Executive Committee to prepare annually, and lay before the Council for recognition, a list of examining bodies whose examinations fulfil the conditions of the Medical Council as regards general education."

Dr. WOOD moved, and Dr. HUMPHRY seconded, the adoption of the following recommendation:—"That for the present, testimonials of efficiency granted by educational bodies, according to the subjoined list, be accepted; the Council reserving the right to add to or take from the list."

Dr. SMITH then moved as an amendment, "That the nineteen 'colonial and foreign universities and colleges,' of which the examinations as regards preliminary education are recognised by the General Medical Council be struck out of the list of examining bodies for preliminary education." The Council, he said, had no means of exercising supervision over the examinations of those bodies, and he contended that on that ground those examinations should not be accepted.

Sir W. GULL said that the motion was quite at variance with what the Council had already resolved with regard to colonial degrees. The Government had just been told that the Council was willing to have a colonial and a foreign list of bodies whose licentiates should be registered, and now it was proposed to reject even their preliminary education.

Dr. WOOD opposed the motion, believing that some of the colonial examinations were as good as the Council could desire. It would, he thought, be a very harsh proceeding to disfranchise the colonial bodies after a recognition of so many years.

The amendment was put and rejected, and the motion was carried.

Mr. SIMON drew attention to the list of examining bodies whose examinations fulfil the conditions of the Medical Council as regards preliminary education, and proposed that the examiners for the Civil Service should be added to "the examiners for commissions in the military and naval services of the United Kingdom."

After some conversation, the motion was agreed to, and it was resolved that the group in question should be designated "the examiners for commissions and appointments in Her Majesty's service, military, naval, and civil (certificate to include all the subjects required by the General Medical Council)."

The following correspondence between the Royal College of Surgeons, Ireland, and Trinity College, Dublin, was laid before the Council, having been transmitted by the former body:—

"Royal College of Surgeons, Ireland.
Dublin, March 16th, 1877.

"Reverend and dear Sir,—I have it in direction from the President and Council of this College to draw, through you, as senior lecturer, the attention of the Board of Trinity College to the following facts:—A Mr. X. presented himself as a candidate to pass the preliminary examinations conducted in this College upon the following dates:—20th of October, 1875, 19th of April, 1876, 19th of July, 1876, and 18th of October, 1876; upon all of which occasions he was rejected. In the month of November, 1876, through means of a private entrance examination, and upon payment of a fee of fifteen pounds, he was matriculated as a junior freshman of Trinity College, and thereby, in accordance with the existing arrangements of the General Medical Council, so far as preliminary education and examination are concerned, qualified to enter the medical profession.

"The President and Council of this College desire to direct the attention of the Board of Trinity College to the difficulties thus thrown in their way, of securing that which they look upon as a matter of primary importance—the enforcement of a good standard of preliminary education on the part of students seeking their licence.

(Signed) "J. STANNUS HUGHES,
Secretary of Council.

"To the Rev. J. H. Jellett, Senior Fellow and Senior Lecturer, Trinity College, Dublin."

"Trinity College, Dublin.

"Dear Sir,—I have looked into the details of the case of Mr. X., and find that the marks which he received in Greek and Latin, Algebra, and English composition, would not have justified me in rejecting him at an examination which is only intended to ascertain whether the candidate possesses sufficient knowledge to enable him to take advantage of the instruction given here. An examination having such a purpose is never a severe examination, nor ought it to be regarded as indicating the amount of general knowledge required for a learned profession. I have to observe that we do not regard this examination as a sufficient test of the general knowledge required of those who seek our Licence in Surgery. On the contrary, we require of candidates seeking that licence that they should complete a two years' course in Arts. (Signed) "JOHN H. JELLETT,
"J. Stannus Hughes, Esq., M.D. Senior Lecturer.

"P.S. I should add that I laid your letter before the Board, and write by their direction."

"Royal College of Surgeons in Ireland,
Dublin, April 5th, 1877.

"Dear Sir,—I am directed to inform you that, at a meeting of the President and Council held this day, the following resolution was passed by them:—'That this Council, having taken into consideration the letter of their Secretary, addressed by their order to the Senior Lecturer of Trinity College, Dublin, bearing date March 16th, 1877, and the reply thereto (undated) of the Senior Lecturer, hereby adopt the following ordinance:—That, for the future, no Certificate of Preliminary Education emanating from Trinity College, Dublin—unless it goes to prove that its presenter is of Junior Sophister standing—shall be accepted by the Inspecting Committee as an equivalent to the Preliminary Arts Examination of this College.'

(Signed) "J. STANNUS HUGHES,
"To the Rev. J. H. Jellett, T.C.D." Secretary of Council.

Dr. APJOHN, referring to the correspondence, said that the "public entrance examination" of Trinity College was a very high one, and the most successful candidates received exhibitions. There was also a "private examination," not of so high a character, the nature of which had been sufficiently explained by the Senior Lecturer.

Dr. WOOD moved that under the head "Dublin," in the list of bodies whose examinations are accepted for the words "entrance examination" be substituted "public entrance examination."

Dr. APJOHN, in seconding the motion, said that the private examination was a very old institution, dating from the days of Elizabeth. No medical degree was given by the College except to those who had completed the whole curriculum in arts.

Sir D. CORRIGAN said there was another entrance without any examination whatever, and only requiring the payment of a fee of 5s.

At this point the further consideration of the motion was postponed, and the Council adjourned.

MONDAY MAY 21ST.

The Council entered upon the adjourned consideration of Dr. Wood's motion with reference to "entrance examinations" of Trinity College, Dublin.

Sir D. CORRIGAN said, that while the entrance examination of Trinity College appeared on the face of it to be a complete one, it was admitted by Mr. Jellett that it "ought not to be regarded as indicating the amount of general knowledge required by a learned profession." As to the "public entrance examination," there was no such thing recognised by the statutes of the colleges, and no certificate, therefore, could be issued for it. Another mode of entering was by matriculation, for which only a fee of 5s. was paid, without any examination whatever. He thought that the university had followed a very unworthy course in regard to the licence. He had formerly, when referring to that licence, called the proceedings of the Medical Council a

battle of shops, and he was sorry to say that he had not changed his opinion. The licence in question was given at the end of two years' course in arts, and it gave the holder all the privileges of a registered practitioner. At the end of two or three years he might come back for a degree, which he could obtain by going through a course of arts without any further medical examination whatever; there was no test applied to ascertain whether or not he had forgotten all that he had learned.

Dr. APJOHN said that Mr. Jellett's remarks, as to the inadequacy of the entrance examination, applied only to the private examination. With regard to the objection to the term "public entrance examination," perhaps it would be removed by designating it "the stated entrance examination," it being held periodically, as distinguished from the private examination.

Dr. WOOD inquired whether the student had to pass the public entrance examination before he was allowed to commence his professional education.

Dr. APJOHN replied in the affirmative. With regard to the matriculation on a fee of 5*s.* that was formerly done under an old Act of Parliament, but it had been long since discontinued. Such persons could not be registered as medical students, not having passed a preliminary examination.

Dr. WOOD thought that after the explanation given the Council might safely accept the public entrance examination of Trinity College.

The motion to substitute the "public entrance examination" of Trinity College for the "entrance examination" was agreed to.

Dr. WOOD moved the adoption of the following clause of the report of the Committee on Recommendations:—"That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in ——."

A general conversation followed with regard to several of the subjects to be included in the examination.

Mr. SIMON urged the importance of transferring general scientific subjects to the preliminary examination.

Sir J. PAGET suggested that that could best be accomplished by arranging that those who passed in such subjects in the preliminary examination should be excused passing them in a professional examination.

Dr. ROLLESTON said that that would require every school to possess the means of teaching natural philosophy—a requirement that was hardly practicable at present. Up to the age of sixteen or eighteen all that the schools could be expected to do was to give the boys a certain amount of linguistic and mathematical knowledge.

The motion was agreed to.

Dr. WOOD moved the adoption of Section 1 of the recommendations—viz., "English language, including grammar and composition," with the following explanatory note:—"The General Medical Council will not consider any examination in English sufficient that does not fully test the ability of the candidate—(1) To write a few sentences in correct English on a given theme, attention being paid to spelling and punctuation as well as to composition; (2) to write a portion of an English author to dictation; (3) to explain the grammatical construction of one or two sentences; (4) to point out the grammatical errors in a sentence ungrammatically composed, and to explain their nature; and (5) to give the derivation and definition of a few English words in common use. Provided always that an examination may be accepted as satisfactory that secures on the part of the candidate passing it a sufficient grammatical knowledge of English."

Dr. FLEMING moved as an amendment the omission of the proviso at the end of the note, believing that it would tend, if adopted, to lower the character of the examination.

This amendment, after some discussion, was negatived, and the motion was adopted, as were also the following sections of the recommendation:—Arithmetic, including decimal and vulgar fractions; algebra, including simple equations; geometry, first two books of Euclid; Latin, including translation and grammar.

Dr. WOOD moved the adoption of the last section of the recommendation:—"And in one of the following optional subjects—Greek, French, German, Natural Philosophy (meaning thereby mechanics, hydrostatics, and pneumatics)."

The motion was seconded by Dr. Humphry and agreed to.

The following recommendations were also adopted:—

"That it is desirable that the examination in general education be left to the universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council; and that it be delegated to the Executive Committee to communicate with the licensing bodies on the subject."

"That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the registrar of the General Medical Council."

"Every medical student shall be registered in the manner hereinafter prescribed by the General Medical Council.

"No medical student shall be registered until he has passed a preliminary examination as required by the General Medical Council, and has produced evidence that he has commenced medical study.

"The commencement of the course of professional study recognised by any of the qualifying bodies, shall not be reckoned as dating earlier than fifteen days before the date of registration.

"The registration of medical students shall be placed under the charge of the branch registrars.

"Each of the branch registrars shall keep a register of medical students according to the subjoined form."

In the form the heading of the last column was altered to "Place and date of commencement of medical study as certified by a master, teacher, or official in a medical school or hospital."

The following recommendations were also agreed to:—

"Every person desirous of being registered as a medical student shall apply to the branch registrar of the division of the United Kingdom in which he is residing, according to the annexed forms, which may be had on application to the several qualifying bodies, medical schools, and hospitals; and shall produce or forward to the branch registrar a certificate of his having passed a preliminary examination, as required by the General Medical Council, and evidence that he has commenced medical study."

"The branch registrar shall enter the applicant's name and other particulars in the Students' Register, and shall give him a certificate of such registration."

"Each of the branch registrars shall supply to the several qualifying bodies, medical schools, and hospitals in that part of the United Kingdom of which he is registrar, a sufficient number of blank forms of application for the registration of medical students."

"The several Branch Councils shall have power to admit special exceptions to the foregoing resolutions as to registration, for reasons which shall appear to them satisfactory."

"A copy of the register of medical students, prepared by each of the branch registrars, shall be transmitted, on or before the 31st December in each year, to the registrar of the General Council, who shall, as soon as possible thereafter, prepare and print, under the direction of the Executive Committee, an alphabetical list of all students registered in the preceding year, and supply copies of such authorised list to each of the bodies enumerated in Schedule (A) to the Medical Acts, and through the branch registrars to the several medical schools and hospitals."

"The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts any candidate (not exempted from registration) whose name has not been entered in the Medical Students' Register at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the Branch Councils shall have power to admit exceptions to this recommendation."

"The Branch Councils are desired to take means to make these regulations known at the various medical schools."

"That the age of twenty-one be the earliest age at which a candidate shall obtain a licence to practise; and that the age shall, in all instances, be duly certified."

"That no licence be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student."

Dr. WOOD moved, and DR. HUMPHRY seconded, "That the course of professional study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a school recognised by any of the licensing bodies mentioned in Schedule (A) to the Medical Act."

Mr. TURNER moved as an amendment, "That the course of professional study required for a licence shall comprise attendance during not less than four winter and two summer sessions, at a school recognised by any of the licensing bodies mentioned in Schedule (A) to the Medical Act."

Mr. LISTER seconded the amendment.

Mr. SIMON suggested that no reference should be made to summer or winter, but that the recommendation should simply be that the course of professional study required for a licence should be spent at schools or under teachers recognised by the licensing bodies mentioned in Schedule (A).

Sir JAMES PAGET said there were many things that could only be learned by private teaching. More than forty years ago he attended his first course of histology under a practitioner in a small Norfolk village of 1200 inhabitants, and there were many such opportunities now. A student in London, unless he attended one or more well managed schools, was practically left to himself, but if he were apprenticed in the country there was some one who was responsible for him, and if he had to choose where to send his son, he would apprentice him for the first year to a practitioner in the country.

Mr. TURNER said the amendment was not to be regarded as antagonistic to the apprenticeship system, because he attached great value to a limited period of apprenticeship. The old five years was of course too long. He himself was apprenticed for some years, and derived enormous advantage from it.

The amendment was put and negatived, as was also a second amendment by Mr. SIMON, "That the whole required course of professional study shall be at schools or under teachers recognised by the licensing bodies, which accept the certificates of the education."

A third amendment, proposed by Mr. MACNAMARA and seconded by Sir JAMES PAGET, "That the course of professional study required for a licence shall occupy at least four years, of which at least three winter and two summer sessions shall be passed at any school recognised by any of the licensing bodies mentioned in Schedule (A) of the Medical Act," was agreed to, and the Council then resumed and adjourned.

On Tuesday and Wednesday the Council was occupied almost entirely in discussing in committee the Report of the Committee on Recommendations with reference to preliminary and professional education, the registration of students, &c. The former recommendations to the licensing bodies were gone through clause by clause, some of them undergoing considerable modification; while several new ones were proposed, which gave rise to protracted discussion. It was only by sitting beyond the usual hour on Wednesday evening that the Council was able to complete the list. The report was then brought up, and the various recommendations, as adopted by the committee, were confirmed by the full Council.

On Thursday the Council received a report from the Finance Committee, from which it appeared that the expenditure for the year had exceeded the income by £374. A sum of 200 guineas was voted to Dr. Hawkins, the late registrar, as an acknowledgment of his long services. After the transaction of some other business, Sir James Paget brought forward an amended Conjoint Scheme for an examining board for England as accepted by the conference of the representatives of all the medical authorities in England on the 1st of May, which, after some discussion, was sanctioned by the Council. Another section of the report of the Medical Acts Committee, with regard to midwives, was received, but was not adopted; its consideration being deferred to the next meeting of the Council. It was resolved, however, that means should be taken for giving credentials of qualification to competent midwives, and that the lives of women in labour should, as far as practicable, be protected from the incompetent; and the resolution was ordered to be transmitted to the Lord President of the Privy Council. A motion having been passed, expressing the regret of the Council that the Vivisection Act had been worked in such a way as to obstruct scientific inquiry, the following resolution was adopted, on the motion of Mr. Lister:—"That it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject." After some formal business, the Council adjourned, having sat thirteen days, the longest session in its history.

A more detailed report of the proceedings of the last few days will appear in our next.

PUBLIC HEALTH LEGISLATION AND ADMINISTRATION IN IRELAND.

ON the afternoon of the 17th inst. a deputation from the Irish Medical Association waited upon the Chief Secretary for Ireland, for the purpose of calling his attention to some matters in connexion with the working of the Public Health Act in Ireland.

Dr. JACOB said they had been moved to action in the matter by the fact that a Public Health Bill was now before the House, and because the past Public Health Acts had not worked satisfactorily. . . . That this was the case might be learned from the fact that as many as 624 sanitary officers out of 803 had petitioned the House either to be placed in a different position or to be relieved of their duties. It was also proved by the notes appended to the Registrar-General's report that a chorus of disapproval ran through them all. And it had been proved by the report of the Commission on Local Government and Taxation in Ireland —extracts from which were read and commented on by Dr. Jacob. As to the causes of the failure of sanitary legislation in Ireland, the first was the want of sufficient supervision of the sanitary inspectors. It must be emphatically understood that deputation did not present itself only as one of sanitary officers begging for increased salaries. On the contrary, there was a general determination among them to do their duty although they were not sufficiently paid. What they did ask for was such an improvement in the sanitary laws as would be beneficial to Ireland. The want of supervision was the first and most important point which presented itself. It was believed from the wording of the Act, and from the fact that a subsequent deputation had drawn attention to the subject, that it was the intention of the Legislature that inspectors should be appointed, but nothing of the sort had been done. Consulting sanitary officers had been appointed at ludicrously low salaries, but they were rarely consulted, and had no power to institute any proceedings. Again, sanitation was not held in the same regard in Ireland as it was in England. There was an apathy on the subject, and an indisposition to make grants. (Hear.)

Sir MICHAEL HICKS BEACH, in replying, said the points brought before him should all have his careful attention before the Public Health Bill went into committee.

The deputation then withdrew.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting, held on the 18th inst. at the General Infirmary at Leeds, a very satisfactory report for the past year was presented. The following were elected office bearers for 1877-78:—President: Mr. Scattergood, Leeds. Vice-Presidents: Dr. T. Clifford Allbutt, Leeds, and Dr. Holdsworth, Wakefield. Treasurer: Dr. Heaton, Leeds. Hon. Secs.: Mr. A. F. McGill, Leeds, and Dr. E. West Symes, Halifax. Librarian: Mr. Horsfall. Committee: Mr. E. Atkinson, Leeds; Dr. J. H. Bell, Bradford; Dr. Deville, Harrogate; Dr. Eddison, Leeds; Dr. Ginders, Normanton; Mr. Lodge, Bowling; Dr. Major, Wakefield; Dr. Myrtle, Harrogate; Mr. Nunneley, Leeds; Dr. Tibbits, Bradford; Mr. C. J. Wright, Leeds; and Mr. J. Hodgson Wright, Halifax.

THE LANCET.

LONDON: SATURDAY, MAY 26, 1877.

THE most valiant apologist for the General Medical Council will be ready to admit that the present has been one of the least creditable sessions as it has been the longest on record. Some weeks ago we pointed out that the nature of the business of the Council was so varied and so important as to indicate the propriety of two sessions—one for the transaction of the ordinary business of the Council, and a distinct one for the exclusive purpose of considering and establishing upon a sound basis the system of medical education, which for twenty years has been allowed by the Council simply to drift. Anyone who has followed the work of the Council will be ready to endorse this advice, and to see into what a muddle the Council has got itself by not taking it. The subject of medical education has been bandied about like a shuttlecock, turning up one day in the hands of Dr. HUMPHRY, as chairman of the Committee on this subject, and another day in the hands of Dr. ANDREW WOOD, as chairman of the Committee on the Recommendations of the Council to the Licensing Bodies. One day it has had to give way to a discussion on preliminary education and the proper parties to conduct it, and another day it has had to yield to discussions on the amendments of the Medical Acts or the claims of certain persons to be restored to the Medical Register. The most remarkable delay has occurred over the discussion of the most trivial questions. One day about two hours were taken up in substituting the words "meaning thereby" for "including," and the occasional listener to the debates has been amazed to find with what persistency the attention of the Council has been kept to the consideration of verbal alterations in recommendations passed years ago, and which will never be regarded by the licensing bodies. On Wednesday afternoon the subject of the examination for Licences to Practise—the all-important subject for the profession and for the reputation of the Council—was abandoned for that of the conditions on which degrees and higher licences should be granted. Two hours were spent in considering different amendments. Great confusion resulted in the voting, from which the President had great difficulty in extricating either himself or the Council. Very shortly after this incident the Council exceeded itself, and within ten minutes voted, first, that physiology should be excluded from the subjects the area of examination in which should be limited; and secondly, that it should be included.

It is difficult to exaggerate the responsibility of those who have thus diverted the attention of the Council from its main duty this session. The "recommendations and opinions" of the Council are no doubt matters of great moment; but they were formulated years ago, and in comparing the old formula with the new the difference seems to us like the difference between tweedle-dum and tweedle-dee. This year, by the force of circumstances, the Council was confronted with the fact that, in spite of all its labours, its "recommendations and opinions," somehow or other medical education is not working well; that the effect of the Council's proceedings has been to enhance the stringency of examinations, without in any corresponding degree increasing the efficiency of the process that was to prepare for them—for which purpose it was mainly called into existence and dignified with the title of "The Council of Medical Education." The Council was asked for once to forget its old traditional set of "recommendations and opinions," and see if it could do anything thorough and real to abate the scandal of rejections at examinations, which, according to returns in its own possession, have increased from 14·8 per cent. in 1867 to 23·2 in 1875. If the only effect of a Medical Council of Education is to increase the number of rejections, we pity the members of the Council. It is a miserable function to have to discharge—that of piling up the severity of examinations so that rejections have to be increasingly multiplied, without effecting any improvement in education. But this is the function which the Council seems to like best. At any rate, up to the end of its thirteenth day of session, with the subject of the rejections at examinations before it, it has done almost nothing to indicate wherein the educational processes are at fault, or by what means they may be made more efficient. The time of the Council, nearly a fortnight—the money of the Council, or rather of the profession, to the figure of probably more than two thousand pounds—have been spent on the old questions that were debated and settled years ago—of "a little Greek," the definition of natural philosophy, the limitation of the area of certain subjects, &c.; and the great question of modes of teaching vital subjects has been left to the last moment. The Council declined last year to go into this question without first taking the opinions of the licensing bodies. These it has before it, some of them full of wisdom and suggestion; but they have scarcely ever been referred to. At an early stage, as we said last week, the discussion on these and Dr. HUMPHRY'S report on them was exchanged for a discussion on the revised form of the Council's "recommendations and opinions" on more than forty questions.

To state positively what the Council has done, in the long session just over, calculated to reduce the number of rejections at Professional Examinations would be difficult. One good thing it has certainly done in a very mild form since we wrote last—viz., to carry a motion of Professor HUMPHRY'S, which, in a stronger form, it had previously rejected, to the effect "That it is desirable that an examination in the earlier subjects of professional study should *take place* before the end of the first year of professional study." Mr. SIMON, seconded by Dr. STORRAR, went further, and proposed with emphasis that such an examination in the earlier subjects "should *be passed*" before the end of the first year. By this he meant to urge that the time spent after the end of the first year before passing the examination should not count as part of medical study. Professor LISTER and others argued that this might operate very severely on some students. But it is certainly very desirable that students should undergo an examination at the end of the first year, which will necessitate application, and which will reveal to themselves and to their friends how far they have been really studying. We

regret very much that a motion by Dr. ROLLESTON, seconded by Sir WILLIAM GULL, was negatived, by which *more than one opportunity* for passing in the earlier subjects of examination would have been given to students before the end of the first year. We want some new ways of appealing to the spirit and "metal" of students such as this—some way of saying in effect to the meritorious among them that if they can achieve a certain amount of fundamental knowledge sooner than the slow curriculum contemplates they shall have an opportunity of showing that they have done so. Another thing in this connexion which the Council did was to refuse, even on the motion of Dr. HUMPHRY, seconded by Sir JAMES PAGET, to undertake a visitation of the medical schools. A good proposal by Mr. LISTER, that it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject, was carried.

IT has been well known in the academic world that for a year or rather more a proposal has been made by some of the most prominent teachers at Owens College that Manchester should be the seat of a new university, with a special charter, and the right of conferring its own degrees. The idea has been submitted to several distinguished authorities connected with and specially interested in education, and was the chief topic in the speech of Earl GRANVILLE, as Chancellor of the University of London, on presentation-day, the 9th inst. As might have been anticipated, the nature of the replies made by so many eminent men differs very much, and so also do the various criticisms on the project which have been made by the daily and weekly press. It is, however, most noteworthy and significant, that by far the larger number of opinions are in favour of an increase in the number of English degree-granting universities, and are quite prepared to admit the claims of Owens College to be converted into, or become the nucleus of, such a university. A few, however, are unfavourable to the scheme on general grounds, whilst one or two doubt whether Owens College has as yet established its claims to such a distinction, even were an addition to the number of our universities desirable. In the *Fortnightly Review* of February last, the bare idea that such a new institution is necessary was scouted with all the force and invective of which Mr. LOWE is a master, and the authorities of Owens College are plainly told that their sole object is to lower the standard of acquirement demanded for a degree. Earl GRANVILLE, indeed, in his most happy and conciliatory manner, stated that the University of London would not entertain the slightest jealousy of the new institution, were such an one founded, but it is very apparent that the member for the London University, and some of its senators, are very much afraid lest an important college should be permitted to depart from its present position of affiliation, and become independent, or indeed a rival. By such a departure the seceders would establish an awkward precedent, and would practically declare their preference for a system of education which should mean something more than merely enabling a student to pass a given examination. This is in direct opposition to the theory and practice of the University of London, which, except for its medical and surgical degrees, lays down no special course of training, insists on no consistent scheme of study, and pays no regard to that discipline of the mind itself which is of such primary importance in the student's after-career. It is another phase of the old strife as to how far examinations are the *summum bonum*, and whether teachers ought to be entrusted with the power of conferring degrees on their own pupils. We must confess that we attach much more importance to a proper and consistent scheme of study than to any examination *per se*, however difficult this may be made, and we think that the objections to an examining board, partly consisting of teachers and partly of assessors from without, are very futile; indeed, we are disposed to consider it, if well proportioned, a better arrangement than any from which the teaching element is excluded. We cannot doubt but that great benefits would accrue to literature, science, and even to technical education, by an increase in the number of our English universities in due proportion to the increase of population, and we only wish that many other large towns had put themselves in a position to claim similar privileges as Manchester. The impetus which such local centres would give to the spread of knowledge in the surrounding districts would be immense, and cannot be lightly passed over. The mere granting of degrees is of secondary importance, for in arts and science they are purely honorary distinctions, and are only marks to indicate what kind of training the possessor has undergone, and what examinations he has passed. They may consequently mean much or little, and it is possible that the literary and scientific reputation of a new university may be so great, and its regulations and teaching arrangements so judicious, that its degrees would have as high or even a higher value than those which are granted by the existing institutions. We pay but little attention to the objection of wishing "to brand your own herrings" and "to tar your own sheep," for the brand will speedily be recognised to be a very good or a very bad one, and will be esteemed accordingly. But the founding of a new university at the present time is most important in its medical bearings, and these have scarcely had sufficient consideration at the hands of the professors of Owens College and their friends. A medical or surgical degree is also a qualification to practise, and the present time is singularly inopportune for taking any steps which would add another to the already too numerous modes of entrance into our profession. Moreover, we fail to see any reason why, if Owens College be permitted to practically institute a new examining board in medicine and surgery, other bodies quite as well qualified should not demand similar privileges. King's College and University College may not like the thraldom of the University of London any more than Owens College, and might urge their claims to detach themselves also, to lay down their own courses of study, and to confer their own degrees. The other large metropolitan and provincial medical schools would naturally be very jealous of such powers, and so every teaching body would be clamorous for the right of instituting its own examinations and degrees, which should also give a qualification to practise. In view of such a possible addition to our present state of chaos in this respect, we feel assured that the Legislature would sanction no proposal that would have so disastrous a tendency.

The authorities of Owens College will do well, therefore, to merely apply for a charter to confer degrees in the other faculties, and leave out those in medicine and surgery, or they will find this difficulty to be the rock on which the whole scheme will be wrecked. If a Conjoint Scheme be firmly established in each division of the kingdom, or a one-portal system be made imperative, medical degrees will then have no more significance than others, and a most important objection to the multiplication of universities in fit localities will be removed. Until one of these alternatives be definitely adopted as the only entrance to our profession, we feel bound to oppose any increase in the number of our qualifying bodies, so we need not now discuss whether Manchester ought to have a university to itself or be merely the centre and nucleus of a Northern University.

ATTENTION has been painfully directed to the insufficient character of provisions for the discipline of patients voluntarily placed under restraint for the treatment of drunkenness. Obviously such an arrangement must be inoperative in cases where coercion is required. If the individual has sufficient resolution to resist the impulse to leave an establishment from which stimulants are excluded, for the purpose of procuring supplies, his will is strong enough to render recourse to an asylum unnecessary. The experience of institutions of the class in the United States of America coincides with that of our own homes for inebriates. Without the legal power of confinement little good can be accomplished, except in cases where nothing more than the example of abstinence is required. We think the time has come when the position assumed by medical superintendents of these establishments should be clearly defined. They have not the legal power to exercise restraint, and it is unreasonable that they should be held accountable for what they cannot prevent. The discipline of homes conducted on the principle of voluntary abstention can scarcely be more rigorous than that of a well-conducted temperance hotel. Servants may be charged, on penalty of dismissal, to refrain from supplying inmates with intoxicating liquors, but there the matter ends. If a patient breaks his resolution he can have no serious difficulty in obtaining all he desires. The superintendent has not a vestige of right to prevent his leaving the establishment when he pleases, and, looking to the interests of the proprietor, he is not likely to offer any serious obstacle to his return. Again, as to the treatment adopted, it must stand very much on the level of measures in force at a "water cure" or bathing establishment. Unless the inmate chooses he need not submit to the discipline, or endure the privation imposed. It is doubtless possible to draw the line fast enough to exclude the unruly, and, by rejecting unsuitable subjects for discipline, an institution may, in process of time, earn a considerable reputation for "cure"; but this would be the result of a skilful and wise personal policy. The asylum or home for inebriates, as an appliance for the remedy of drunkenness, is, we think, a mistake. Such establishments may be useful as retreats, but they cannot be classed or recognised as medical institutions, and it is desirable this should be distinctly understood. Until quite recently no grave difficulty has occurred in this country, but there is reason to fear offences may arise, and it is well to see there is not room for mistake as to whence they come. If it is deemed desirable that drunkards should be placed under effectual discipline power must be given to exercise reasonable restraint, and a system of inspection will need to be organised, so that the inmates of these establishments may be protected at least as fully as the insane. Until the Legislature recognises the expediency of instituting asylums of the class, and they are constituted and empowered by statute, it will be prudent to keep before the public the fact that no legal responsibility attaches to the superintendent.

The circumstance that proprietors of these establishments seem to desire it should be supposed that they do possess some power over their patients is perhaps not inexplicable, but it is strangely shortsighted. It may be somewhat too apparent that without the right of control there can be no real discipline; but embarrassing conditions and occurrences are sure to arise unless the facts are placed on their true footing. Regarded as retreats for the self-reforming, who desire to be removed from associations with which they find it difficult to break, asylums for voluntary seclusion may be of service; but the process of treatment is voluntary throughout, and only in so far as the patient has the resolution to abstain will he be cut off from access to stimulants. A man may be helped to place himself at a distance from something he wishes to avoid, but towards which he feels a strong inclination; he may surround himself with obstacles, intentionally devised, to remove the self-interdicted pleasure beyond his reach. This, and this alone, the inebriate accomplishes when he enters an establishment like that of which we heard lately; but he does not, cannot, lay down his personal liberty. No man or woman can do this according to law. After years of discretion are reached, every subject is a free member of the State, except in so far as he may be bound by special contract. To destroy his right of self-control the law must be put in motion by either warrant, writ, or a certificate given under the Lunacy Acts. In the absence of one or other of these disabling instruments the adult can at any moment assert his right of independent action, and the utmost a physician can do is to remonstrate. This is how the case stands. It may be desirable to change the law; possibly it will hereafter be deemed expedient to extend the area of statutes now restricted to lunatics, so that the victims of an ungovernable, and therefore presumably morbid, passion for drink may be brought within their operation; but until that change is made, whatever happens, it should be recognised that homes and asylums for inebriates are nothing more than hotels in which the inmates are not supplied with stimulants. Obviously establishments of the class ought to be well-conducted, but, if failure occurs, it must be understood no one is responsible beyond the limits of the contract. There is no similarity between these institutions and asylums authorised by the State. They are not under supervision. There is no more power of inspection than in the case of religious houses. In short, their position is altogether anomalous, and we must be excused for saying that it is difficult to understand how members of the medical profession can assume the virtue of an authority which they do not possess. The situation is plainly misapprehended by a great part of the public, and we doubt if it be fully understood by those who seek protection for themselves in an institution which has no safeguard or protection to bestow.

IT seems to be generally admitted by toxicologists that metallic copper is innocuous, whilst its oxides are analogous in their depressing effects to antimony, arsenic, and mercury. The action of these cupric compounds has lately been studied by Drs. BURQ and DUCOM, and they have arrived at some interesting results. It is difficult, they remark, to deny that the salts of copper, when administered in certain conditions and in sufficient doses, may cause the death of animals, for details of such cases are common enough in books on forensic medicine. On the other hand, many practitioners have, both formerly and recently, prescribed large doses of these salts in the treatment of chorea, epilepsy, cancer, scrofula, and croup, without producing any injurious effects. It may reasonably be asked, therefore, whether the recorded cases of poisoning by means of food cooked or allowed to remain in badly-tinned copper vessels have really been due to the presence of a small portion of copper or to some other cause. Colic from copper, again, is admitted by some writers, whilst by others the symptoms have been attributed to exposure to cold or to the action of the lead or arsenic which are found in the copper of commerce; and it is remarkable that amongst the 30,000 coppersmiths in Paris no case of colic has been recorded which could be referred with certainty and exclusively to the action of copper. In a recent treatise on the workpeople engaged in the manufacture of acetate of copper at Montpelier, MM. PÉCHOLIER and SAINT-PIERRE were unable to refer any of the affections from which they suffered to this cupric salt. In order to obtain some positive information, Drs. BURQ and DUCOM experimented on eight dogs with metallic copper, its oxides, and its salts. The metal and its compounds were administered variously disguised to the animals, since they communicated so disagreeable a flavour to the food when simply mixed with it that the dogs refused to take it. The salts were invariably given in small doses at first, the quantity being subsequently increased. The experiments were very numerous, and extended over a considerable period of time. The general results at which they arrived were that metallic copper and its oxides, administered to dogs in a state of admixture with albuminoid, saccharine, or oleaginous substances, do not produce any troublesome consequences, even when they are given in large doses, as of two drachms of the metal per diem, in fine powder, and one drachm of the oxides Cu_2O, CuO. Exceptionally a little diarrhœa or vomiting was induced, but as a rule they remained in good health, and even gained in plumpness and weight. Secondly, that copper in small doses and in the state of verdigris, as it exists in food which has been left for a day or so in a vessel imperfectly tinned, does not produce any of those bad effects in dogs that are usually attributed to it in man. Thirdly, that the soluble salts of copper given to dogs in progressively increasing doses, commencing with a grain and a half daily up to fifteen grains, are easily tolerated, and the dose may even be increased to one drachm per diem without ill effects, except that about an hour after taking the food containing the salt they vomit a larger or smaller proportion of it. If the administration of the salt be continued, they at length refuse food, suffer from diarrhœa, become emaciated, and die. Analyses of the various organs made after death showed that the copper was very generally distributed through them. It thus appears that, in the case of dogs at least, the effects attributed to the ingestion of minute doses are not so serious as have been supposed, and it is not improbable that some of the symptoms noted in man have been referable to the mental anxiety occasioned by the idea of having been poisoned.

Annotations.

"Ne quid nimis."

THE WAR: ITS MEDICO-SANITARY ASPECTS.

As the war progresses, the contrast between the medico-sanitary position of the opposing forces becomes more and more painfully apparent. A correspondent of the *Journal de Genève*, writing from Constantinople, gives a deplorable account of the medical and sanitary necessities of the Turkish troops. He states that the medical staff does not exceed 1 per 1000 strength, and he writes most contemptuously of the sort of men who form the staff. He describes them, indeed, as for the most part apprentices in the art and science of medicine, without culture, and who possess only such a smattering of physic and surgery as may be picked up in the Turkish medical school at Constantinople. During the Crimean war, the military medical service of Turkey was described as a limbo of physic. It was then, in addition to the physicians and surgeons trained in the medical schools of Constantinople and Alexandria, formed very largely of refugees and adventurers from all parts of the world, of few of whom it could with certainty be said that they had had any medical training whatever. It is to be inferred from the Geneva journal's correspondent that medical matters have not changed for the better since the period referred to. This correspondent says, moreover, that the Turkish forces are in want of medicines, bedding, litters, ambulances, and surgical and medical necessaries of all descriptions. He also asserts that even thus early in the war the question arises, How are the troops to be fed? As to the medical and sanitary wants, the Turks believe that help will come from England; but as to food, he asks, Where will this come from? There is too good reason to believe that this picture, although, let us hope, in some respects overcharged, is in its broad outlines too true.

Turn we now to the Russian side. Here we find a medico-sanitary organisation which, so far as it can be judged before it is fully tested by the exigencies of the field and of actual warfare, would seem to be complete; while the military organisation is being supplemented by voluntary efforts of the people at large for aiding the sick and wounded almost unique in their character. Here is a list of gifts (in roubles) for this purpose, made by various towns, and published in a recent number of the Russian *Messager Officiel*:—Toula, 25,000; Rybinska, 10,000; Kalouga, 10,000 (for the families of soldiers killed on the field of battle); Cronstadt, 50,000; Kursk, 25,000; Novgorod, 10,000; Tambov, 10,000; Arzamas, 3000; Bolkhow, 1500; Ostrow, 1000; Vossiegonsk, 1000; Balakhna, 1000; Voronege, 20,000; Viatka, 3000; Kolomna, 5000; Ronza, 1000; Penza, 25,000; &c. The following towns have, moreover, determined to construct and maintain hospitals for the sick and wounded during the war—namely, Yaroslav (400 beds), Saratow (400 beds), Nijni-Novgorod (150 beds), Tver (100 beds), Taganrog (100 beds), Tambov (50 beds), Voronege (50 beds), Novgorod (10 beds), Rybinska (20 beds).

Add to the foregoing, and to the different items of the same sort previously published in THE LANCET, the following summary of accounts presented by the Russian Society for

the Aid of the Sick and Wounded in the Army (the Red Cross Society), at a meeting held in St. Petersburg on the 13th of May. This summary refers to the six months then expired. Within this period the expenditure of the Society for the maintenance of ambulances for 16,000 sick and wounded had been 4,034,600 roubles, of which sum 782,600 had been expended in the organisation and establishment of the ambulances, 129,600 in medicines, 564,520 on the sanitary staff, 2,115,450 for the maintenance of the sick, 86,400 for washing, 241,110 for the maintenance of the sanitary staff, and 115,020 for transport. During the same period there had been expended 210,000 roubles on sanitary convoys, 600,000 roubles had been transmitted to the principal representative of the Society on the Danube, 300,000 roubles to its principal representative in rear of the army there, 300,000 roubles for the army of the Caucasus, 60,000 roubles for the Crimea and Odessa, and 150,000 roubles to the several depôts in St. Petersburg (60,000), Kischiniew (30,000), Yassy (30,000), and Bucharest (30,000). The grand total of the expenditure for the six months was 5,954,600 roubles. The receipts and assets of the Society during the same period were as follows:—Balance in hand, 651,764 roubles; receipts from April 25th to May 12th, in offerings and subsidies, 356,000 roubles; from the Minister of War for the maintenance of sick soldiers, 350,000 roubles: total, 1,357,764 roubles. Due to the Society from the Minister of War for the maintenance of the sick, 802,000 roubles; from the municipality of Moscow, 1,000,000 roubles, and from the municipality of St. Petersburg, 1,000,000 roubles: total receipts &c., 4,159,764 roubles. It will be observed from these accounts that the Russian Red Cross Society has definite relations with the military administration of the army, and that while, on the one hand, it is the great agency by which the voluntary gifts of the people are administered in aid of the sick and wounded, on the other it is taken advantage of by the military authorities in facilitating the medico-sanitary administration of the army, and is reimbursed by the Imperial Government for certain costs of maintenance of the sick and wounded. All this shows that its duties with reference to the army are definitely arranged and authorised, and that thus all clashing with the regular medical sanitary service is avoided, as well as wasteful and promiscuous uses of the voluntary gifts entrusted to the Society.

THE SUPPLY OF QUALIFIED MEDICAL MEN.

OUR readers will remember that, in his opening address last year, the President of the Medical Council quoted from Dr. Farr to show that there was a danger of the supplies of medical men failing both for the civil population and for the Army; that the proportion of medical men was in 1851, 9·7 to every 10,000 of the population of England and Wales; in 1861, 8·3; and 1871, 7·8. His words, as regards the Army, were that it had become a matter of public concern that it is difficult to supply the vacancies in the Army Medical Staff with competent practitioners; and that in the army 49 per 10,000 are required, or one in 204. Dr. Aquilla Smith has presented to the Medical Council some observations on statistics respecting the supply of medical men, and though some of his observations are slightly lacking in lucidity, he challenges criticism as to his statistics. From these it would appear that the increasing number of medical men registering year by year guarantees us against any immediate risk of short supplies. The annual average increase of population in England and Wales for twenty years he finds to be 239,232. The annual average number of practitioners in England added to the Register for the last eighteen years—as we understand his statement—is 452, or 18·9 for every 10,000. For the last five years the average of additions has been much higher—viz., 565, which is in the proportion of 1 to 423 of the addition to the population, or 23·6 to every 10,000. As regards the Army, Dr. Smith contents himself with saying that in 1874 and 1875 more candidates succeeded in passing the examinations than there were vacancies for. Dr. Farr maintains that Dr. Smith's figures do not much invalidate his position that competent medical advice is in danger of growing quite inaccessible to vast numbers of the people. Apart from his statistics, we must record with prominence some words of Dr. Farr:—

"It is well known at this office that a considerable number of people die without the attendance of qualified medical men; thousands of cases of zymotic and acute disease are only treated during part of their course by qualified practitioners; and hundreds of thousands of the sick, in my belief, are treated by quacks, ignorant midwives, unqualified assistants, and chemists and druggists."

Dr. Farr points out that while the number of qualified practitioners decreased, that of chemists and druggists rose from 7816 in 1841 to 15,540 in 1871. It is pointed out both by Dr. Farr and Dr. Robertson (of the Register House, Edinburgh, in a letter to Professor Turner) that it is a great error to suppose that any estimate of the locality of the persons registered can be gathered from the Register, and, further, that many names of persons dead are retained on it. It is probable that the accurate statistics of this important question have yet to be worked out. Meantime we are greatly indebted both to Dr. Farr and Dr. Smith for their contributions to the work, and especially to Dr. Farr for his admission of "what is well known in his office." We have long been urging that the Registration Department should make more urgent efforts to alter such a disgraceful fact.

A NEW FORM OF PARALYTIC DISEASE.

UNDER this title Dr. Macgregor, of Fiji, describes a peculiar form of paralysis associated with the presence of a new species of liver parasite, of which he has seen eight cases, three of which were fatal. The symptoms of the disease appear to come on rapidly, with some fever, followed by generalised imperfect paralysis, with rapid atrophy of the affected muscles, the legs and arms being mainly involved, and the face, tongue, and sphincter muscles being entirely free. The extensor muscles appear to be usually much more affected than the flexors; in this and some other respects the disease bearing some resemblance to lead palsy. Death is usually due to œdema of the lungs consequent on defective action of the respiratory muscles. Dr. Macgregor carefully investigated all the circumstances of the cases, and could find no other cause than that which he assigns. In all the fatal cases, the hepatic bile-ducts were found to contain a large number of a species of fluke, which filled and distended them. This parasite presents important differences both from the Distoma hepaticum and the Distoma lanceolatum. Dr. Macgregor gives a very careful account and drawing of the general and minute structure, which it is needless to reproduce, since Dr. Cobbold, who has examined the parasite, states that it is identical with that described and figured by Dr. M'Connell in our columns two years ago (THE LANCET, Aug. 21st, 1875, p. 271). This parasite was named by Dr. Cobbold "Distoma sinense," and there can be no doubt that that found by Dr. Macgregor is the same. All Dr. Macgregor's patients were Chinese, as were Dr. M'Connell's, and Dr. Macgregor believes that the parasites are introduced by a species of snail, the "bêche-de-mer," which forms an article of their diet. He regards the paralysis as of reflex origin, but observes that it may depend upon the absorption of some new product generated by the

parasite, which has a peculiar, heavy, disagreeable smell. The spinal cord was found to be healthy on microscopical examination. Dr. M'Connell had no opportunity of ascertaining the symptoms or history in the case of his patient, who died an hour or two after admission to the hospital. The subject is a very interesting one, and may throw important light on the obscure subject of reflex paralyses.

SANITARY AUTHORITIES AND VACCINATION.

THE alliance of public health with poor-law administration is scarcely more unsatisfactory than is the anomaly which places it out of the power of urban sanitary authorities to secure the efficiency of vaccination. Vaccination is so essentially a public health question that it is difficult to imagine any good reason why the local sanitary authorities should not be invested with the responsibility of its administration. The serious inconvenience arising from the present anomalous separation of vaccination from other branches of sanitation has recently been exemplified in Hackney. Dr. Tripe, the local medical officer of health, has frequently during the present small-pox epidemic called the attention of his sanitary authority to the large number of unvaccinated children who have there died from small-pox, and very recently reported that in Percy-terrace no less than four unvaccinated children in one family had fallen victims to the disease and to the neglect of vaccination. These facts were communicated to the board of guardians, who, however, when discussing the communication, expressed themselves thoroughly satisfied with the measures which have been taken by their vaccination officer since the commencement of the outbreak in September last. A statement of the action taken by the guardians in the matter is to be forwarded to the Hackney District Board, which, it may be hoped, will prove satisfactory, although it is somewhat difficult to imagine how, if the measures included a house-to-house visitation, this family of four unvaccinated children in Percy-terrace remained undiscovered to die of small-pox.

CAMBRIDGE LODGING-HOUSES.

THE Lodging-house Syndicate of Cambridge have elected as their secretary, whose duty it will be to report on the sanitary state of the lodgings occupied by the undergraduates, a gentleman in holy orders! We have no doubt Mr. Howard, Fellow of Trinity College, is a distinguished member of the University, but it is difficult to discover what claims he possesses to the office of sanitary inspector. The Syndicate has the less excuse for its wrongheadedness, inasmuch as we understand there was a medical candidate for the post, a graduate in medicine and resident member of the Senate, having the additional advantage of being medical officer of health to the University and town, and not in private practice. Amusement must be the prevailing feeling at such an election, but we fancy the parents or guardians of the graduates will experience some amount of dissatisfaction. The truth is, however, that a sanitary inspection by a really competent person might seriously embarrass the Lodging-house Syndicate. It is well known that the house-drainage generally at Cambridge is exceedingly defective and bad. A report condemning a large number of lodging-houses on this score might seriously affect the University, by curtailing for a time the accommodation for undergraduates till the extensive improvements that would be required were completed. It is also possible that the Syndicate would not have the power to enforce the sanitary improvements that might be suggested by an expert, and that would place them in a very undignified position. It seems, therefore, a more convenient plan to appoint a gentleman—since public opinion has insisted on such an appointment being made—who may be content to take whitewash and paint as evidences of cleanliness and the smell of carbonic acid as a guarantee of atmospheric purity. In the meanwhile the undergraduates must be content to endure the foul emanations from defective house-drains and unventilated closets a few years longer, till the day comes when round pegs are no longer placed in square holes, or some epidemic bursts out, and proves how utterly ineffective amateur sanitary tinkering is, and leads to proper action being taken at last.

THE VOTING AT CONVOCATION OF THE UNIVERSITY OF LONDON.

THE division-list on the question of admitting women to medical degrees has just been published, and on analysing it we find that there were only 9 medical graduates who voted in favour of the motion, whilst the remaining 120 supporters belonged to the other faculties, that of arts being especially predominant. The 140 noes included 8 members of the faculty of laws, and 27 of the faculty of arts, the remaining 105 being medical graduates. All the pure science graduates were among the ayes. Amongst the opponents of the resolution were the following teachers at the various metropolitan schools:—St. Bartholomew's: Messrs. Savory and Power. Guy's: Drs. Wilks, Fagge, Braxton Hicks, Pavy, Pye-Smith, Stevenson, Savage, and Taylor; Messrs. Cooper Forster, Salter, Golding-Bird, Howse, and Lucas. London: Dr. Langdon Down. Middlesex: Drs. Hall Davis, Coupland, Edis, and Mr. H. Morris. St. Mary's: Drs. Meadows and Randall. St. Thomas's: Drs. Bristowe and Greenfield. King's College: Drs. Johnson, Curnow, and Baxter. Westminster: Mr. T. Bond. University College: Sir Wm. Jenner, Drs. Reynolds, Wilson Fox, Tilbury Fox, Maudsley, Ringer, Poore, Gowers, Roberts, and Mr. Marcus Beck. Charing-cross: Drs. Green, Powell, Irvine, Bruce, and Mr. Godlee. Dr. Barnes, of St. George's, acted as a teller, and spoke against the proposal, but his name does not appear; and Mr. Rivington, of the London Hospital, voted only in the second division. Dr. Bastian, of University College, is the only teacher of medicine who voted with the minority. Messrs. Nesbitt and Bennett, the mover and seconder of the motion, did not receive a sufficient number of votes to secure their re-election on the annual committee.

THE TRAINING OF IDIOTS.

THE deputation from a council of the Charity Organisation Society, which waited on Mr. Sclater-Booth and the Earl of Shaftesbury last week, to urge the systematic training of idiots, may be congratulated on having brought this important subject again under notice. It would, we think, have been better policy to keep the question free from any reference to the care of harmless lunatics. This last topic is a widely different matter, and cannot be discussed on the same premises. The appeal as regards lunatics must be to the Legislature, and should be brought under the notice of the Lord Chancellor through the Commissioners. The President of the Local Government Board can deal with the case of idiots, partially at least, by a simple order that the Acts in force for the provision of suitable training establishments shall be put in operation, and by rescinding the application of a rule which classes all paupers as adults until the age of sixteen. The regulation has no reasonable bearing on idiots, who are often just beginning to develop at the age when this absurd order compels their removal to an ordinary asylum or workhouse. We question whether the Legislature need be moved in the interests of idiots. The law as it stands seems amply sufficient to provide them with full training, and the President of the Local Government Board

can comply with the demand which has been so repeatedly addressed to him whenever he is so disposed. The needs of the incurable but "harmless" insane cannot be so easily satisfied. The questions involved are great, and require discussion.

HOSPITAL ACCOMMODATION FOR THE MIDDLE CLASSES.

IN a letter to our contemporary, the *Pall Mall Gazette*, Sir Rutherford Alcock strongly advocates the speedy establishment of such hospitals as have been recently talked of, to provide accommodation for paying patients. The reasons which he adduces for the erection of such hospitals are precisely those which we have already set forth; indeed, his letter would appear to be a digest of articles on the subject which have appeared in our columns. He is in favour of the utilisation of existing hospitals, so far as they are available, rather than the erection of new ones. He mentions St. Thomas's Hospital as having "one of its pavilions, built for 120 beds, at present wholly unoccupied," and suggests its use for the purpose. But we find, on inquiry, that this statement is erroneous, and that although two or three wards are unused, on account of the heavy rating, which cripples the yearly income of the hospital, there is no pavilion unoccupied, and that the wards which are not in use are those least available for ordinary purposes, and entirely unfitted for the purpose suggested. It is clear, therefore, that some other plan of a more feasible nature must be found. We shall return to the subject in an early number.

THE PHARMACEUTICAL SOCIETY.

THE Pharmaceutical Society of England held its annual dinner on Tuesday, the 15th inst. John Williams, Esq., F.C.S., President of the Society, was in the chair. The specific object of the dinner is the promotion of the interests of the benevolent fund in connexion with the Pharmaceutical Society, out of which assistance is granted on very liberal principles to unfortunate or unsuccessful members of the Society, or of the trade in cases of urgency, even where there had been no previous subscription. The Chairman wisely suggested that every registered chemist should subscribe annually to this admirable object, and then there would be an ample fund from which assistance might be claimed without loss of dignity. The profession was well represented by, amongst others, the President of the College of Physicians, Dr. Risdon Bennett, Dr. Geo. Buchanan, Dr. Sansom, Dr. Headlam Greenhow, Mr. Jabez Hogg, Dr. Glover, Mr. Geo. Brown, Dr. Brunton, &c., and very friendly and respectful sentiments were exchanged between the members of the Society and their medical guests.

CERTIFICATES OF DEATH.

IT will be no breach of the wholesome rule which enjoins silence with respect to causes *sub judice* if we remark that it is of the highest moment to the public safety that medical practitioners should not certify the cause of death in cases which have not been sufficiently long under their personal observation to make the absence of a non-natural agency a matter of certainty. We have repeatedly urged the need of post-mortem investigation in all cases of doubtful character. It is difficult to understand how medical men can convince themselves of the accuracy of a judgment formed on slender premises without adopting the usual mode of verification. The importance of this precaution cannot be exaggerated. It is by no means easy for a medical man to feel sure that a patient, whom he only sees occasionally, is fairly dealt with by those around his bed, and upon whom he is absolutely dependent. This vital consideration must always be a subject matter of confidence in the attendants upon the sick. When the practitioner has no previous knowledge of the patient or his friends, discretion should suggest the measure of self-protection which a medical man so situated has a right to demand—namely, a necropsy, to correct the diagnosis hastily formed, and supply the ground of that most important legal document, the certificate of cause of death. Of course, in all cases to which the slightest misgiving clings, the coroner should be informed before the examination; and it is manifestly desirable that at every post-mortem at least one independent practitioner should be present, whose testimony may be available in case of subsequent need or difficulty. The risks of registration on a hastily given certificate are so terrible that we make no apology for this suggestion.

THE GOVERNMENT AND THE MEDICAL COUNCIL.

THE disposition on the part of the Government to take and to be guided by the opinions of the General Medical Council in legislation on medico-political questions is more manifest this year than on any previous occasion. The Lord President gave the deputation from the Council to understand that he himself and the Government generally feel that a body constituted like the Medical Council is in full possession of the knowledge of what is necessary in relation to medical questions, whether viewed professionally or in a more complete and national sense; and that it was his Grace's conviction that it was essential as well as desirable to confer on all subjects of this kind with the Medical Council before undertaking legislation. Such remarks from the Lord President are, of course, very gratifying to the Medical Council; and we share the gratification of knowing that there is a medical body of authority that so commands the respect of the Government. We feel bound, however, to say that the constitution of the Medical Council is far from perfect and far from being satisfactory to the medical profession. If any statesman thinks the dissatisfaction of the profession unreasonable, he will have that thought removed by studying the discussions of the late meeting in the light of the constitution and nature of the Medical Council.

THE NERVES OF THE LABYRINTH.

HORBACZEWSKI, in a communication made to the Academy of Vienna, gives the results of his investigations on the nerves of the internal ear in man and animals. He finds that in the sheep the nervus vestibuli and the nervus cochleæ are completely separated from each other at their origin. The primitive fibres of the cochlea remain always much finer than those of the vestibular nerve. It is remarkable that the size of the vestibular nerve increases with the size of the animal in a much more rapid ratio than the size of the cochlear nerve; so that, for example, the nervus cochleæ of the horse appears much more slender, as compared with the nervus vestibuli, than that of the rabbit or of man. In the sheep the nervus cochleæ is distributed exclusively to the cochlea, and the nervus vestibuli to the remaining portion of the internal ear. But this distinction is by no means so sharply marked either in man or in the horse. In the horse there is constantly an exchange of fibres, though a comparatively slight one, between the two nerves. In man the two roots form a common trunk, which subsequently divides into the two nerves. The nervus cochleæ is not, however, exclusively distributed to the cochlea, but gives off a fine branch, which runs in the recessus cochlearis to the vestibular extremity of the ductus cochlearis, and through the macula cribrosa to the septum of the two sacculi contained in the vestibule. He thus demonstrates

the correctness of the statement made by Flourens that the vestibular nerve is a completely distinct pair from the auditory nerve or nervus cochleæ.

THE VACANCY AT KING'S COLLEGE.

ON Friday, the 18th inst., the Council of King's College appointed Professor Lister, of Edinburgh, to an additional chair of Clinical Surgery. King's College will, therefore, like University College, in future enjoy the benefits and advantages of having two professors of clinical surgery; Mr. Wood occupying the original chair, and of course taking rank not only as senior clinical professor, but also as senior surgeon to the hospital. The peculiar character of Mr. Lister's antiseptic surgical practice requiring that the patients so treated shall be kept separate from those who are not, the authorities of the hospital have expressed their willingness to place two wards—one for female and one for male patients—at Mr. Lister's disposal. As Mr. Wood will also have exclusive control of two wards, the two professors will doubtless find abundant opportunities for friendly rivalry, and of thoroughly testing the merits of respective modes of practice. Although the professorship of Systematic Surgery is still vacant, we are glad to learn that the Council are in negotiation with Mr. Henry Smith, with a view to his accepting the chair.

AID TO THE SICK AND WOUNDED OF THE TURKISH ARMY.

DR. CARTWRIGHT REED has given a very judicious caution with respect to any aid sent from this country to the sick and wounded of the Turkish army. He states that, only a short time ago, he saw at Scutari, in the military hospitals there, stores of surgical instruments and of blankets, warm wrappers for the sick, and various ward appliances, lying quite useless, and obviously never touched since they had been received. The instruments and other articles were all gifts purchased with English money, but utterly beyond the comprehension of the persons who do the greater part of the medical and surgical duties of the Turkish regiments, and who for the most part are a sort of "dressers," ignorant and ill-trained. Dr. Reed therefore argues that to send out to the Turks medical and surgical necessaries and comforts, without at the same time sending out persons able to put them to proper use, would be a mere waste of money and material. We quite agree with him and with the suggestions he makes in our columns of to-day for conveying relief to the Turks. If efficient help is to be given to the sick and wounded of the Turkish army from this country, it must be given by medico-sanitary corps complete in their organisation and stores.

AN UNFOUNDED CHARGE.

DR. MOFFAT, of Hawarden, against whom a groundless charge had been brought placing him in the painful position of "co-respondent," having succeeded in clearing his character, claims the sympathy and support of his profession; or, more accurately, personal friends ask for a public recognition and pecuniary assistance to defray the costs of his defence. We feel sure no lack of interest will be evinced by a profession whose members are perpetually exposed to insult and misrepresentation in the discharge of their onerous and delicate duties. How great the circumspection with which professional functions are commonly performed must be, is apparent on the face of the fact that aspersions on the honour of medical men are extremely rare. This circumstance should intensify the sympathy and concern with which we hasten to recognise the success of a brother practitioner in repelling an unfounded charge. The community of Hawarden has given warm expression to its joy at the finding of the jury, which acquitted Dr. Moffat. The reception that gentleman and his wife encountered on their return from London must have been most grateful to their feelings. Professional recognition in the shape of a fund to pay expenses will not only be of service to Dr. Moffat, but will mark the sense of gratification which must be experienced at the vindication of professional honour, and give practical proof of the sympathy with which a practitioner so placed is regarded by those who are exposed to like peril.

THE PEA QUESTION.

IT will be regrettable if misapprehension occurs as to the general value and purity of preserved vegetables. The introduction of copper to impart a green colour to the article was a trick of trade which will doubtless be abandoned by manufacturers now that the evil of this practice has been exposed. Meanwhile it is, of course, necessary to take measures for the repression of sales made by retail dealers who have stock on hand; this should, however, be done in such a manner as to avoid damaging the repute of a commodity which, when unadulterated, is of considerable value. It would be an act of policy, as well as justice, if the manufacturers were to recall the goods issued from their establishments, and replace them by a better supply, with a new and easily-distinguished label, offering a guarantee that the article does not contain copper or any other foreign substance injurious to health. Importers might induce the Continental houses to enter into this arrangement, and the loss of credit incidental to repeated prosecutions before police-courts would be avoided.

THE CATTLE PLAGUE.

ANOTHER outbreak of cattle plague has been detected in a dairy in Whitechapel. There were five animals on the premises in two different sheds. The Veterinary Inspector ordered them to be slaughtered and their carcasses destroyed. Sooner or later an enactment will have to be passed rigorously excluding cattle from London and all other large towns.

We observe that two interesting papers on the "Prevention of Cattle Plague" have been published in *The Live Stock Journal and Fancier's Gazette*, by Dr. Peter Hood. The writer has great faith in sulphate of iron as a preventive against, and remedy in, the disorder, and cites several cases of its successful employment which go far to convince us of the efficacy of the treatment, and which should certainly induce others to give it a fair trial. The sulphate may be given either in solution or in the form of a powder. Dr. Hood is inclined to the opinion that cattle plague sometimes has a spontaneous origin, and that "a hot summer followed by a wet autumn, a mild winter, and a damp spring, with constant fluctuations of temperature, constitute a chain of circumstances highly favourable to the production, not only of cattle plague, but also of many other diseases."

THE APPOINTMENT OF PUBLIC PATHOLOGISTS.

THE subject of the appointment of a public pathologist having been mooted by the Health Committee of the Town Council of Birmingham, a special meeting of the Midland Medical Society was held on the 16th inst., when, after a full discussion of the merits of the question, in which Mr. Lawson Tait, the supposed originator of the proposition, Drs. Johnston, Sawyer, and Suffield, and Messrs. Gamgee, Oakes, and Watkin Williams took part, the following resolution was passed:—"That, in the opinion of the Midland Medical Society, the suggested appointment of a public pathologist is not calculated to be conducive to the public

interest." A deputation was appointed to wait on the Coroner to present the above resolution, and to urge him not to hand over all the pathological examinations to any one surgeon. The Coroner, in reply, stated that he saw no reason for altering his present course of action in reference to such examinations.

THE ARCTIC REPORT.

THIS Report, to which we referred pointedly last week, has formed a theme of conspicuous comment in the columns of most of our contemporaries. Three letters on the same subject, severally from Sir George Nares, Admiral Richards, and Dr. Rae, have also appeared in *The Times*. As to the rejoinder of the gallant captain who commanded the expedition, we have but to remark that if "judgment before the events," on what basis soever, is to supersede official instructions, the latter should of course be dispensed with altogether as so much surplusage. The letter of Admiral Richards, somewhat of the *ad misericordiam* pattern, will claim attention next week, and that of Dr. Rae needs no comment from us. The absolute unanimity of the comments that have been offered since the Report was made public show that the demand for an official inquiry was neither unreasonable nor unjust to any of those directly or indirectly concerned in the expedition.

INSUFFICIENT PUNISHMENT.

CRUELTIES practised by asylum attendants on their helpless patients are not adequately punished by fine. A case which has just occurred at the Prestwich County Asylum is in point. An official, apparently aggrieved by the trouble imposed upon him in the fruitless pursuit of a patient who had escaped, returned to the institution, and learning that the runaway inmate was recaptured, went to his bedside and, after an altercation, struck the lunatic so violently on the side that one of his ribs was fractured. On conviction at the Manchester Police-court a fine of £5 was inflicted, with the alternative of two months' imprisonment. It is manifestly useless to impose pecuniary penalties for this class of offence. It is one which justice and humanity require should be sternly punished with imprisonment. The loss of employment counts for nothing. Attendants are too often derived from a class in which the value of a permanent way of livelihood is not highly appreciated.

THE CHAIR OF CLINICAL SURGERY AT EDINBURGH.

MR. LISTER'S removal to London will vacate the chair of Clinical Surgery in the University of Edinburgh. Dr. P. Heron Watson, we understand, is likely to become a candidate. There can be no question as to the claims of that accomplished and experienced surgeon, who adds to a profound knowledge of his profession the faculty of imparting instruction in a manner specially adapted to the needs of the clinical chair. It is, perhaps, premature to do more than mention the facts of the case, and express the satisfaction with which we have heard of Dr. Watson's candidature.

EPSOM COLLEGE.

WE remind those of our readers who were educated at Epsom College that a meeting is to be held at eight o'clock on June 2nd, at St. James's Hall, for the purpose of establishing an Epsomian Club.

It is now twenty-two years since the College was opened, and a large number of its *alumni* have joined the ranks of the professions, of commerce, and the Government offices, so that the time has arrived when some steps may wisely be taken to bind them together in good fellowship and in the interest of their school.

HYDROPHOBIA.

A CASE of hydrophobia was admitted into King's College Hospital on the 15th inst., and terminated fatally on the 20th. The man, who was a fine stalwart mechanic of about thirty-five years of age, was bitten by his own dog about two months since, and the symptoms began two days before his admission. No alterations could be detected on a naked-eye inspection of the nervous centres, which were preserved for a careful microscopic examination. This is the only case of hydrophobia that has been admitted into this institution during the past twenty years.

WE have received a copy of the eighth annual report of the Leamington Provident Dispensary. During the year ending December 31st, 1876, 3990 patients were treated by the medical officers of the institution. The medical staff call attention to the growing estimation in which provident dispensaries are held, not only by the public, but also by the profession. The Leamington Provident Dispensary, though so recently established, has been one of the most successful, and the doctors consider that this success is largely due to the ability with which the committee have always conducted the establishment, and the cordiality with which they have always seconded the efforts of their medical staff.

FROM the recent agitation about the continuance in office for two years of the President and Vice-President of the Royal College of Surgeons in Ireland, it might be thought that a certain amount of opposition would be shown at the annual election to be held on the 4th of June. This, however, would be erroneous, as Dr. Kidd will, we are informed, retire from the presidency, and be succeeded by Mr. Robert McDonnell, who, on his part will be replaced as Vice-President by Mr. Smyly, unopposed.

DR. MACSWEENY, who was lately appointed as medical officer of Ballycroy Dispensary District, Mayo, died, with symptoms of poisoning, in a few hours, after having taken a large dose of chlorodyne. An inquest has been held, but from the evidence it was uncertain whether death was accidental or not.

THE SMALL-POX EPIDEMIC.

THE 85 deaths referred to small-pox in the 20 of the largest English towns during the week ending 19th instant were within 7 of the number returned in the preceding week, and included 70 in London, 3 in Liverpool, 6 in Manchester and Salford, 4 in Oldham, 1 in Brighton, and 1 in Plymouth; no death from this disease was registered in any of the 13 other large towns. Four other fatal cases of small-pox belonging to Liverpool and Manchester were recorded in public institutions outside those towns. The prevalence of small-pox in Oldham is reported to be rapidly increasing, and unfortunately the urban sanitary authority is unprovided with any hospital accommodation for the isolation and treatment of cases of infectious diseases.

The deaths from small-pox in London, which had been 54 and 78 in the two preceding weeks, were 70 last week, of which 32 were recorded in the Metropolitan Asylum Hospitals, 6 in the Highgate Small-pox Hospital, and 32 in private dwellings. After distributing the hospital cases it appears that 8 of the deceased small-pox patients had resided in Southwark, 7 in Bow, 5 in Hackney, 4 in Fulham, 4 in Wandsworth, and 4 in Camberwell. The Registrar-General comments upon the large proportion of fatal cases of small-pox among children under 5 years of age in East

London, as affording presumptive evidence of the neglect or the inefficiency of vaccination in this part of the metropolis. Of the 70 deaths in London from small-pox last week 24 were of children under five years of age, of whom 10 died in East London. Notwithstanding the fatal prevalence of small-pox in East London for several months, and the evidently large number of children there living unprotected by successful vaccination, it would appear that no serious attempts have been made by the local sanitary authorities to remedy this state of things by systematic school inspections and house-to-house visitation.

In the outer ring of suburban London 7 deaths from small-pox were registered last week, of which 5 occurred in West Ham, 1 in Bushey, and 1 in Carshalton sub-district.

The Metropolitan Asylum District Hospitals contained 925 small-pox patients on Saturday, 19th inst., showing a further increase of 71 upon the increasing numbers at the end of the three preceding weeks. The number of new cases admitted during the week was 254, against 246 and 219 in the two previous weeks, and exceeded the number of admissions in any previous week of the present epidemic.

Correspondence.

"Audi alteram partem."

DENTAL REFORM.

To the Editor of THE LANCET.

SIR,—I have read with some regret a communication from Mr. Tomes, which appears in your journal of this week. It is an ingenious letter, but the arguments contained in it are not always based on correct premises, and consequently many of its conclusions are very incorrect.

It is also a subject of regret to me that Mr. Tomes should insist upon laying so much stress upon a typographical error which, by a verbal misarrangement of my own, led to a mistake which has been explained, and which was corrected immediately it was recognised. Anyhow, my statement, even as it appeared, in nowise affected the sense of his amendment to a resolution of which I only wished to give the interpretation, and beyond so doing I have never spoken for him "on several occasions." Mr. Tomes has somewhat cleverly concealed the fact of his inability to deny that interpretation in a long letter in which he introduces irrelevant subjects, and draws his inferences somewhat illogically.

I am quite capable of judging between the laws of present and future restriction, but Mr. Tomes's way of putting the case neither leads me to think that an attack has not been made on existing practitioners, nor does it convince me that he is right in his view that legislative enactment should in future interfere with the rights of surgeons practising as dentists, or that educated and thoroughly trained practitioners should be excluded from special registration (should this ever be effected) and title, and debarred from being able to recover fees at law for dental operations. It would surely be an anomaly for a surgeon in practice in the dental branch of surgery to be forbidden under penalty from calling himself a *surgeon*-dentist, whilst others who are not surgeons would be legally permitted to style themselves *surgeon*-dentists. This uncalled for and, to my mind, injudicious, proposition is the ground of my objection to Mr. Tomes's amendment, and this, the main question, has nothing to do with the licentiateship in dental surgery, which he persistently introduces, as though he would wish it to be thought that that was the point of attack, the other but a feint.

The Association of Surgeons practising Dental Surgery does not ignore the licentiateship, although it does not admit those who hold the licence only into its ranks. It is not "a hostile society," as Mr. Tomes improperly calls it, for its members are keenly anxious for the preservation of the position and well-being of their profession, and jealous lest any retrograde movement should interfere with its status and advancement. Neither does it deny the necessity for special training, and has never asserted, directly or indirectly, that the dental curriculum and licentiateship are "but troublesome and superfluous." As far as I am concerned—I leave it to Mr. Coleman to speak for himself—I maintain that there are no grounds for saying that I have changed my opinions, "suddenly and unexpectedly," for I have only consistently upheld the theory that general and special surgery cannot be too closely united.

If it can be proved that I have, by word of mouth or in writing, expressed myself as antagonistic to professional education and advancement, or have sought in any way to "degrade" the special curriculum and licence sanctioned and granted by the College of Surgeons, I shall willingly acknowledge the fairness of Mr. Tomes's strictures; but if he cannot bring forward such proof, I can only feel that he has made an ungenerous attack upon me. Moreover, he must know the motives which prompted me, at much inconvenience, to accept the appointment of Lecturer and Dental Surgeon to the London School of Dental Surgery and the Dental Hospital of London. It was not the "fees" which tempted me, and I think that he might have given me credit for acting from a conviction that I was fulfilling a duty by assisting in carrying out a good work, and one which would prove of much service to young aspirants to practice, and more especially so inasmuch as I carried on the duties for a much longer period than I originally intended; not for the sake of "the fees," but because I felt my services were appreciated, and my teaching and experience of some value.

In professing to represent the object of the Association in submitting certain resolutions to the Council of the College of Surgeons, Mr. Tomes does not allude to the third one of the number, which was as follows:—

Resolution 3—"That it is undesirable to relax the strictness of the present curriculum for the L.D.S. diploma in favour of those who have had repeated opportunities of obtaining it, not only *without examination* in the first place, but subsequently might have received it with a modified examination, free from the prescribed course of study. Moreover, it is suggested that any further relaxation would be a manifest injustice to those who have obtained the Dental Licentiateship by going through the full curriculum required."

This resolution alone proves that that Society is no opponent of the Licence, whilst the accusation of intentional deception against honourable gentlemen, despite their repeated denial, is a charge so serious that, without the strongest grounds and the most complete knowledge of the facts, it should never have been introduced.

Finally, I repeat that I am, and I believe every member of the association is, a strong supporter of special as well as general medical training and education for those practising or intending to practise dental surgery. I imagine that very few who have been wise enough to qualify themselves by becoming fellows or members of the College of Surgeons, or who have University medical degrees, will really feel flattered by the notion that the L.D.S. may be "degraded by an association" with those degrees; nor can they be consistently charged as being "irrelevant." I am quite sure that the more extended possession of medical titles is the cause, to a great extent, of the fact that dental surgery, as it is now known, has become so important a branch of the healing art; and I do not think that I can be accused of misstatement when I say that among the younger men who have made their mark, those possessing medical titles are the most conspicuous both in writing and debate. If the extended education required for those titles does nothing else, it cannot be doubted that broader and more general views are developed by the opportunities afforded for more extensive fields for observation. It must be clear to your readers that my interpretation of the resolution passed at the Dental Reform Committee was correct, and that it has not been denied; whilst it is equally plain that that resolution *alone* has been the cause of the present discussion, and not the action taken by a body of gentlemen who formed themselves into an Association with the sole object of maintaining and elevating the status of their specialty.

I am, Sir, your obedient servant,

May 13th, 1877. SAMUEL CARTWRIGHT.

To the Editor of THE LANCET.

SIR,—I should feel obliged by your insertion of the enclosed copy of my resignation as a member of the Dental Reform Committee, as, my name having appeared in connexion with

the meeting on April 7th, I might be supposed to homologate its proceedings.

I am, &c.,

Edinburgh, May 12th, 1877. J. SMITH, M.D., F.R.C.S.E.

Edinburgh, 11, Weymyss Place, May 10, 1877.

SIR,—I feel it to be inconsistent with my opinions, and the official position held by me in the Royal College of Surgeons of Edinburgh, that my name should longer continue on the Dental Reform Committee. I beg therefore that it be at once withdrawn.

I trust that the Royal College of Surgeons of England will not be induced to attempt violating the rights and powers of the other licensing bodies throughout the kingdom, nor the General Medical Council be found prepared to stultify its own Act of 1858, in the manner those favoured by the College with its certificate of fitness to practise dentistry, desire and seem to expect.

I also regret to find a policy adopted by the Dental Reform Committee endorsing that moral "picketing" of every fully qualified medical man found in the ranks of dentistry, which has of late been so prevalent, and which ought to have been left to those aspiring, first to reach by a side-wind the designation of "surgeons," and next to usurp their position and privileges.

Meanwhile it is to be hoped that the interests of the various distinguished licensing boards throughout Great Britain will be protected by the Medical Council strengthening those clauses in their Act by which its terms as already existing may be more simply and more effectually enforced.

I am, Sir, your obedient servant,

J. Smith Turner, Esq. J. SMITH.

"HOME HOSPITALS."

To the Editor of THE LANCET.

SIR,—A declaration on the subject of the establishment of "Home Hospitals" is at present being sent round to the medical men in London for signature. General practitioners can only be expected to sympathise with this movement in proportion as it is made clear to them that there is no likelihood of patients thereby passing out of their own hands. No arrangement such as you suggest in your issue of April 28th—viz., that in the event of the patient electing to be under one of the medical staff, the fees should go to a common fund, would at all meet the case. The proposed Home Hospitals should have no connexion with the existing hospitals, and there should be no invidious distinction of staff and outsiders. Consulting physicians and surgeons should in no case attend patients for less than their usual fees, and as far as possible only in concert with a general practitioner. It is evident that general practitioners have no vital interest in affording further facilities to specialists in certain departments, who are at present in the habit of advising patients to take some special lodgings in the next street, or to place themselves at some so-called home, thereby relieving the private attendant of all further trouble and responsibility.

Your obedient servant,

Brixton, S.W., May 12th, 1877. JAMES B. BALL, M.D.

MEDICAL RELIEF TO TURKEY.

To the Editor of THE LANCET.

SIR,—Permit me to point out in your columns how useless, in my opinion, it would be to place any kind of stores (medical or otherwise) in the hands of the Turkish authorities, as contemplated by the "Stafford House Relief Committee." This committee, after the receipt of a letter from me on the same subject, has agreed to appoint a gentleman of experience to take out and personally distribute the stores intended for the relief of the sick and wounded Turkish soldiers in Asia Minor.

I have also suggested that the best and perhaps only real complete way of aiding the sick and wounded Turkish soldiers was by fitting out medical and surgical relief expeditions, to include complete surgical staffs—i.e., surgeons, dressers, dispensers, nurses (male), attendants or bearers, field hospitals, drugs, medical and surgical appliances, hospital stores and furniture, ambulance, stretchers, &c.; and for each expedition to operate close in the rear of the Turkish forces, in the most suitable positions, &c. &c. Ambulance waggons would be nearly useless, my opinion being founded upon personal experience with the Turkish troops.

I trust that Sir Harry Slade's appeal will receive every support, and that he will be able to fit out at least half-a-dozen expeditions as I have suggested. The funds needed will be considerable.

I am, Sir, yours obediently,

London, 21st May, 1877. S. CARTWRIGHT REED, M.D.

MANCHESTER.

(From our own Correspondent.)

AT a meeting of the weekly board of the infirmary, the question of increased accommodation was again discussed. An endeavour was made to rescind the resolution which I alluded to in my last letter, but eventually the amendment was withdrawn; consequently a new shed will be erected for cases of erysipelas and infectious diseases.

The last meeting of the session of the Medical Society was held on the 2nd inst., when Dr. Simpson narrated some cases of aneurism treated successfully after Tufnell's method. Mr. Jones showed a very successful case of excision of the knee. Mr. White showed a remarkable specimen of abnormal intestine, on which a number of cysts communicating with the bowel had been developed. Mr. Heath showed a patient whose tongue he had removed by Syme's method; there was no disfigurement, and the patient could articulate very well. Mr. Bradley deprecated the revival of Syme's operation except in peculiar cases, such as the one under notice, and advocated the galvanic loop; Mr. Whitehead advised the removal of the tongue through the mouth with scissors, and stated that he had not found much difficulty in checking the hæmorrhage, the vessels being more easily taken up than would be supposed. Mr. Whitehead showed a new and ingenious speculum clamp. Mr. Bradley showed a case of diffuse epithelioma, and commented on the pathology of the subject. Mr. Dixon Mann showed some of Mottershed's constant-current batteries and improved induction apparatus, also a galvanometer constructed by himself, which indicates in fractions of a Veber the strength of current passing through a patient. Mr. Mann strongly urged the necessity of precision in the therapeutic use of electricity. Dr. Lloyd Roberts showed a contracted pelvis of the osteo-malacic type, from a patient on whom he had performed craniotomy; Dr. Roberts also showed, on behalf of Mr. Ewart, a fibroid polypus of the uterus, weighing upwards of sixteen ounces, which that gentleman had removed from a patient in St. Mary's Hospital.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 22nd and 23rd inst.:—

Bailey, Henry F., L.S.A., Newport Pagnell.
Battye, John H., St. George's-road.
Bellaby, Frederick, L.S.A., Nottingham.
Bradley, Charles A., Macclesfield.
Broster, Arthur E., Beaminster, Dorset.
Browne, James W., Bodfari, North Wales.
Cant, William, L.S.A., Birmingham.
Clarke, William B., North Wootton, Norfolk.
Cockell, Frederick E., Dalston.
Cones, George A., Brompton-square.
Edwards, John, L.R.C.P. Ed., Anglesey, North Wales.
Ekins, Joseph W., L.S.A., Alresford, Hants.
Fisher, Frederick B., Tiverton, Devon.
Fraser, Duncan, Shakespeare, Canada.
Glanville, Francis F., Putney.
Green, Thomas B., Kendal, Westmoreland.
Hayman, Sidney A., Stokenchurch, Oxon.
Jones, David J., M.B. Ed., Liverpool.
Khan, Mirza Hussein, Taboyss, Persia.
Lewis, Thomas H., L.S.A., Carmarthen.
Lightwood, William S., L.S.A., Harwell, Berks.
Lloyd, Edward J., M.D., Bangor, North Wales.
Malvin, Mark, Stockton-on-Tees.
Martland, Edward W., Wigan.
Merriman, William S., L.S.A., Knutsford.
Oxley, Alfred J, B, Conisbro'.

Payne, Algernon A., L.R.C.P. Ed., Sheffield.
Pickford, John K., L.R.C.P., Toller-Fratown.
Pratt, Alfred, L.S.A., Hounslow.
Prees, William M., L.R.C.P. Ed., Conway.
Schofield, Robert H. A., Cambridge-gardens.
Smith, Ebenezer S., Finsbury-circus.
Stevens, Arthur F., Brixton.
Tomkins, Henry, L.S.A., Manchester.
Tudor-Risk, Reginald R., L.R.C.P. Ed., Harrow.
Twinem, John, Liverpool.
Wilkinson, John C., Lee, Kent.
Woodcock, Robert F., York-street.

The Primary Examinations in Anatomy and Physiology for the Membership of the College, which commenced on the 6th of April, were brought to a close on the 17th inst. The total number of candidates examined was 468, which will be found to be greatly in excess of that of the corresponding period of last year. The rejections were 144.—The first part of the Professional Examination for the Fellowship of the College commences this day (Friday), for which there are about 70 candidates.

[In the list published last week of gentlemen who passed the Primary Examination at the College of Surgeons, the name "Alfred H. Bock" should have been printed Alfred H. Back.]

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine and received a certificate to practise on May 17th:—

Ewen, Harry Walter, Manchester.

The following gentlemen also passed the Primary Professional Examination:—

Samuel Vaughan Instone, Guy's Hospital; Lawrence Newman Walker and Vincent Cornelius Garman, London Hospital; Hy. Stanley Thorpe, St. Bartholomew's Hospital; Thomas Hardy Buzzard, Birmingham General Hospital.

MR. NICHOLAS ADAMS has been granted a superannuation allowance of £50 per annum on resigning as medical officer of the Lymington district of the Lymington Union.

BROMPTON HOSPITAL.—We understand that an alteration in the domestic management of this institution is contemplated by the committee, who propose to appoint a Lady Superintendent, with special charge of the nursing department, to be assisted by a housekeeper, to attend to the various details of the household.

BEQUESTS &C. TO MEDICAL CHARITIES.—Mr. Jacob Mocatta bequeathed £200 to the Jews Hospital at Norwood, and £100 each to University College Hospital, the Cancer Hospital, the Brompton Hospital for Consumption, the Hospital for Sick Children, and the Jews' Convalescent Home at Walton-on-Thames.

NORTH LONDON MEDICAL SOCIETY.—At a meeting held at the Athenæum, Camden-road, the following officers were elected for the ensuing year: President, George Henty, M.D.; Vice-President, E. H. Cree, M.D.; Treasurer, Robert Hilliard, M.D.; Secretary, W. H. Kesteven, M.R.C.S. At the same meeting a paper was read by Dr. Kesteven on Vaccino-Syphilis, and a discussion ensued, in which Dr. J. N. Radcliffe and Mr. Brudenell Carter, with other members, took part.

COOMBE LYING-IN HOSPITAL, DUBLIN.—This hospital was reopened on the 12th inst. by his Grace the Duke of Marlborough, after being partially closed for some five years. It may be said to be a new structure, the old building, with the exception of the present kitchen and pupils'-room and a small part of the rear, having been removed. The Coombe, formerly the most fashionable thoroughfare in Dublin, has in the course of time become one of the most densely-populated portions of the city, inhabited by persons of the lowest condition, and no situation could be better adapted for a maternity hospital than the institution now restored and enlarged. Sir A. Guinness and his father, the late Sir Benjamin Guinness, by their liberality mainly supplied the funds for rebuilding the hospital. Its frontage is seventy-nine feet, depth fifty-eight feet, and height from the foundation fifty-six feet. The wards are spacious, well-ventilated, and by a "lift" the second storey can be reached, which contains three wards, styled respectively the Lady Olive, the Alexandra, and the Guinness, all being comfortably furnished. Baths, laundry, disinfecting chamber, &c., have been provided, so that in all sanitary arrangements it may be said to be complete.

Medical Appointments.

ADAM, W. J., M.B. & C.M., has been appointed Assistant Medical Officer to the Somerset County Lunatic Asylum, vice Dutt, resigned.

ADAMSON, J. G., M.D., C.M. & L.M., has been appointed Medical Officer to the Workhouse and Fever Hospital of the Lurgan Union, and Consulting Sanitary Officer for the Lurgan Rural Sanitary District, vice Shaw, deceased.

BIRKETT, J., F.R.C.S., has been appointed Consulting Surgeon to Guy's Hospital.

COVEY, C. E., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for No. 1 District and the Workhouse of the Alresford Union, and Medical Officer of Health for the No. 1 Subdistrict of the Alresford Rural Sanitary District, vice Lipscomb, deceased.

DICKINSON, Dr., has been appointed Medical Officer and Public Vaccinator for Nos. 4 and 5 Districts of the South Molton Union, vice Sanders, resigned.

DUNLOP, W. McIndoe, M.B., C.M., has been appointed Medical Officer to the St. Pancras Workhouse, vice Hill, resigned.

GARDEN, R. J., M.D., C.M., has been appointed a Medical Officer to the Aberdeen Hospital for Sick Children.

GOODHART, J. F., M.D., has been appointed Assistant-Physician to Guy's Hospital.

HALKET, G., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the No. 8, or Anderston District of the Barony Parish, Glasgow, vice Reid, resigned.

HASTINGS, G., M.D., L.R.C.P., has been appointed Honorary Physician to the London Deaconesses Institution, vice Laurence, resigned.

LAWRENCE, G. R., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the Alresford Union, and Medical Officer of Health for the No. 2 Sub-district of the Alresford Rural Sanitary District, vice Covey, resigned.

LEA, J. A., L.R.C.P.I., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Burton District of the Kendal Union, vice Smith, resigned.

MURRAY, J. J., M.A., M.B., &c., has been appointed a Resident Surgeon to the Edinburgh Royal Infirmary.

NIXON, T., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Kirton District of the Boston Union, vice Lane, resigned.

RAY, E. R., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Milton-next-Sittingbourne Urban Sanitary District.

RUSSELL, P. C., M.B., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Lurgan, vice Shaw, deceased.

SODEN, J., L.A.H.D., has been appointed Licentiate Apothecary and Registrar to the Roscommon County Infirmary, vice Sharpey, resigned and since deceased.

STEPHENSON, W., M.D., F.R.C.S.Ed., has been appointed a Medical Officer to the Aberdeen Hospital for Sick Children.

WALKER, W., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the General Infirmary and Dispensary, Doncaster, vice Sykes, resigned.

WILLIAMSON, J. M., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Godshill District of the Isle of Wight Union, vice Hoffmeister, resigned.

Births, Marriages, and Deaths.

BIRTHS.

GEE.—On the 16th inst., at Harley-street, the wife of Dr. Samuel Gee, of a daughter.

HALTON.—On the 17th inst., at Pear-tree House, Barnsley, the wife of Matthew Corri Halton, L.K.Q.C.P.I., of a son.

JONES.—On the 14th inst., at Ty-Mawr, Aberdare, the wife of Evan Jones, M.R.C.S.E., of a son.

LOMAS.—On the 19th inst., at Gower-street, the wife of William Lomas, M.D., of a son.

ORTON.—On the 21st inst., at Crouch End, the wife of Frederic Orton, M.D., of a daughter.

THOMAS.—On the 13th inst., at Shepperton, Middlesex, the wife of E. Frederick Thomas, M.R.C.S.E. &c., of a son.

MARRIAGES.

BROCK—HUBBUCK.—On the 22nd inst., at the Parish Church, Greenwich, John Brock, M.R.C.S.E., to Elizabeth Abigail, daughter of W. A. Hubbuck, Esq.

HARRIS—ARMITT.—On the 19th inst., at St. Margaret's, Dunham-Massey, Stanford Harris, M.R.C.S.E., to Annie Maria, daughter of the late William Armitt, Esq.

WEBB—HOUNSHAM.—On the 17th inst., at St. Philip's, Dalston, London, by the Rev. A. Gordon, M.A., Vicar, William Henry Webb, M.R.C.S., of Kingsbridge, Devon, only son of the late William Webb, M.R.C.S., of Llangollen, Denbighshire, to Florence Phœbe, second daughter of the late James Bishop Hounsham, of Ipswich.

DEATHS.

EPPS.—On the 18th inst., at Great Russell-street, Richard Epps, M.R.C.S.E., aged 46.

FERGUSON.—On the 14th inst., at Edinburgh, Dr. John Ferguson, aged 65.

HAMILTON.—On the 12th inst., at Cluny-hill, Forres, [Daniel] Edward Hamilton, M.D., aged 57.

O'GRADY.—On the 16th ult., at Dublin, Dr. Richard O'Grady, aged 58.

PEACOCK.—On the 12th May, at Edinburgh, Dr. Thomas Peacock, aged 76.

RONALD.—On the 9th inst., at Strathblane, George Ronald, M.D., aged 27.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

SECRET DRINKING.

IN addition to the lists of names already published, the following members of the medical profession have signed the protest against the "Grocers' Licence" up to this date.

Dr. E. B. Atthill, Faversham; Dr. J. Arminson, Dr. E. L. Dixon, Preston; Mr. W. Bull, London; Mr. P. H. Bird, Preston; Mr. G. Barnes, Axminster; Mr. E. M. D. Cosgrave, Huddersfield; Dr. J. Connel, Peebles; Mr. J. Dewar, Buxton; Mr. N. Goodchild, Mr. D. Hooper, Dr. J. Dixon, Dr. J. G. Dudley, Mr. P. J. Jackson, Dr. T. H. Waterworth, Dr. P. Hood, London; Mr. S. E. Hoops, Burtonport; Mr. T. J. Irvine, Garstang; Dr. J. Johnson, Tunbridge Wells; Mr. J. Kelland, Poplar; Mr. B. Lumley, Northallerton; Dr. T. Livingstone, Stanhope; Mr. H. Lankester, Dr. T. Blunt, Mr. C. R. Crossley, Mr. T. W. Benfield, Dr. G. Pearce, Mr. J. F. T. Clarke, Leicester; Dr. W. V. Lyle, Dr. E. Hibberd, Dr. F. Macgeagh, London; Dr. J. Mackellar, Greenock; Dr. E. May, Mr. E. H. May, London; Mr. T. Macaulay, Kibworth; Mr. L. Newton, Huntingdon; Mr. H. W. Page, London; Mr. G. Padley, Swansea; Dr. J. D. Swallow, Dr. W. H. Strange, London; Mr. J. B. Stuart, Wigan; Mr. F. W. Strugnell, London; Mr. M. C. Sweeting, Knaresborough, Yorks; Mr. E. T. Truman; Mr. A. Walker, Mr. J. Wood, London; Dr. W. H. Williams, Sherborne; Mr. J. A. Rawlings, Mr. J. Couch, Mr. E. Davies, Mr. J. Evans, Mr. E. Pratt, Mr. J. E. Hall, Mr. E. B. Evans, Mr. J. Thomas, Mr. J. Rogers, Dr. H. A. Latimer, Mr. A. D. H. Phillips, Mr. Geo. Sibbering, Mr. D. H. Thomas, Swansea; Mr. C. H. Newby, London; Dr. J. J. Ridge, Enfield; Dr. H. Castle, Newport; Dr. P. Boulton, London; Dr. S. Poole, Sidcup; Mr. S. Cathcart, Mr. W. J. Bowden, Mr. W. S. Watson, London; Dr. F. S. Gramshaw, Easingwold; Dr. W. Easby, Cambridge; Mr. C. Hogg, London; Dr. A. R. Waghorn, Redhill; Mr. F. Gardner, Ilfracombe; Dr. Macrobin, Aberdeen; Mr. J. J. B. Taylor, Ulverston; Dr. I. Weaver, Mr. A. Averill, London; Mr. Sweet, Tenbury; Dr. W. M. Doble, Chester; Mr. W. T. Drew, Staines; Mr. H. de Legh, Cornwall; Dr. G. B. Barron, Southport; Mr. H. Branthwaite, London; Mr. L. F. Roe, Eccles; Mr. F. G. Larkin, London; Mr. W. W. Elmslie, Brighton; Mr. B. Cawthorne, Chester; Dr. J. H. Wood, Mr. R. C. Scott, Leatherhead; Dr. W. Thursfield, Bridgnorth; Mr. R. W. Henderson, Rickmansworth; Mr. H. French, Beaconsfield; Mr. E. Harley, Saffron Walden; Mr. N. Maher, London; Mr. J. F. Woody, Mr. W. R. Brunton, Mr. H. J. Fanssett, Mr. A. M. Sculthorpe, Tamworth; Dr. E. Sheppard, Colney Hatch; Mr. C. F. Maunder, Dr. Jagielski, London; Mr. R. C. Pritchard, Wigton, Cumberland; Mr. R. G. Coome, Burnham; Mr. E. Trotter, Mr. C. J. Trotter, Holmfirth; Mr. H. Kay, London; Mr. H. R. Foquett, Ilfracombe; Dr. D. Johnson, London; Dr. J. Booth, Oswaldtwistle; Mr. W. E. Jeffreys, London; Dr. J. Yeoman, Mr. T. Turley, Whitby; Mr. J. Manley, West Bromwich; Mr. W. Hall, Salford; Dr. Ewart, Brampton; Mr. T. Forshaw, Smalley; Mr. H. F. Marley, Padstow; Dr. W. B. Gill, London; Dr. S. Holdsworth, Mr. J. H. S. Finniss, Wakefield; Dr. Radcliffe, London; Dr. T. Stowell, Brighton; Dr. G. Fyfe, Kineton; Mr. W. Kane, Paris; Dr. W. B. Grove, Mr. J. Popert, St. Ives; Dr. J. Godfrey, London; Mr. T. G. Wales, Downham; Mr. G. Hindle, Mr. J. H. Wraith, Darwen; Mr. W. K. Verling, Heanor; Sir Henry Thompson, London.

Notes, Short Comments, and Answers to Correspondents.

OVARIOTOMY AT MELBOURNE.

A CASE of rather peculiar nature, which occurred at the Alfred Hospital, Melbourne, has given rise to considerable discussion amongst the profession at the antipodes. It was that of a woman operated upon in the hospital for ovarian disease, and in whose abdomen, after death, a sponge and a pair of small bulldog forceps were found. The *Australian Medical Journal* (No. 187) reproduces the report of the Hospital Committee, and gives a long account of the inquest held on the exhumed body of the patient. The post-mortem was made by Dr. Glendinning, resident surgeon of the Alfred Hospital, who stated: "After prolonging the incision I found about three quarts of bloody fluid, and a sponge, about 2½ inches in diameter, semi-floating near the upper end of the incision. I then felt about with my hand, and got the bulldog forceps outside the peritoneum. They were situated between the muscles and the peritoneum, secured to the bloodvessel to which they had been originally attached. The vessel was detached from the surrounding tissue, so that the forceps hung by a strip of fascia." A great deal of evidence was offered at the inquest, some of which went to show that the presence of the foreign bodies had nothing to do with the fatal issue, inasmuch as the amount of cancerous disease found in the vicinity of the ovaries precluded all hope of recovery. Ultimately a verdict was returned that the deceased died from shock, exhaustion, and hæmorrhage from a surgical operation, and that there was no blame attaching to the operator, Mr. Robertson. The jury also begged that attention might be called to the way in which the consultation-book of the hospital was kept, and the manner in which consultations were held in that institution.

Mr. J. Westlake.—We cannot recommend any special practitioner. Our correspondent should consult his usual medical attendant.

PUBLIC NURSES AND INFECTIOUS DISEASES.

IN his third Annual Report on the Condition of the West Kent Combined Sanitary District, Dr. Baylis, the medical officer of health, publishes some important and interesting facts relating to the influence of what he calls "disinfecting nurses" upon the prevalence of infectious diseases. It is impossible to deny the fact that even where hospital accommodation for infectious diseases is provided, there will always remain a considerable proportion of cases, both among the rich and the poor, which must be dealt with at home. Among the rich, who can command the necessary isolation and skilled nursing, there should be little danger to be feared from infection; among the poor, however, all circumstances combine to render the avoidance of infection, without timely assistance, next to impossible. The great want in such cases is a good and skilful public nurse, in order to minimise the danger and difficulties which are unavoidable. Such a nurse soon acquaints herself with the special wants of the case, and, besides taking charge of the patient, continuously disinfects the clothes and excretions, excludes unnecessary visitors, and, in communication with the medical officer of health, is on the spot to detect and make known the want of exceptional aid or interference. Dr. Baylis speaks with confidence of the limitation of several outbreaks of zymotic disease in various parts of his sanitary district during 1876 through the services of his "trained disinfecting nurses," and asserts that an ever open hospital for infectious diseases, supplemented by trained disinfecting nurses, acting under the medical officer of health in charge of cases treated at home, constitute the main elements of success in the control of zymotic prevalence. It appears that these specially qualified nurses for infectious diseases are trained and supplied by the Kent Nursing Institution at Town Malling, situated within the West Kent Combined Sanitary District. It is difficult to overrate the value of the services of such public nurses for infectious diseases, whether considered from a sanitary or a charitable point of view.

C. Jenkins.—We do not think there is an opening for our correspondent at the present juncture. She may, however, apply at one of the Embassies.

SALICYLATE OF SODA IN ACUTE RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I send you brief notes of cases of acute rheumatism treated each by salicylate of soda with a most striking effect.

CASE 1.—Wm. D——, aged fifty-eight, blacksmith, was admitted on March 28th, suffering severely from acute rheumatism, with a temperature at midday of 105° F. First attack. Duration fourteen days. Both wrists, knees, and ankles swelled, and extremely painful. No cardiac complication. A robust, healthy man.

CASE 2.—George H——, aged thirty-one, hosiery hand, admitted on April 14th. A typical case of rheumatic fever; temperature at 2 P.M., 104·4° F. Cough and pain in left side. Pleuritic rub in left axilla. No cardiac complications. First attack. Duration fourteen days. A pale, delicate-looking man.

Both cases presented themselves in a very similar condition, and were treated with the soda salt in twenty-grain doses every third hour until the normal temperature was reached (third day), when the dose was reduced to ten grains every four hours, and finally to three times a day, combined with ammonio-citrate of iron. Neither case on examination to-day gave any evidence of cardiac mischief, nor has there been any complication, with the exception of the pleuritic rub in Case 2, throughout the whole course of treatment. No rise in temperature has taken place since the first fall to the normal standard. Pain was much reduced twelve hours after administration of the drug; but complete freedom was obtained when the normal temperature was reached. Both patients have been up and about for, in the first case three weeks, in the second case ten days.

Our experience of the drug is that its marked effect is to be looked for in acute cases; but beneficial results accrue from its use in chronic cases also.

These two cases being comparable in every way, as they were admitted about the same time, and occupied beds in the same ward, I think make them worthy of notice.

Your obedient servant,
LEWIS W. MARSHALL, M.D.,
Resident Surgeon.

General Hospital, Nottingham, May 13th, 1877.

THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

BY a misprint in the announcement in our columns, the dates of Dr. Herbert Tibbits' lectures, on "The Essentials of Electro-therapeutics," at the above hospital, were wrongly stated. The first of the series was delivered on the 24th inst., the second will be given on the 31st, and the third on June 7th, at 5 P.M.

F. J. D.—A definite engagement having been made with the medical man, our correspondent is clearly liable for the fee.

ABUSE OF MORPHIA.

To the Editor of THE LANCET.

SIR,—I have been asked by several friends to put on record the following case, which at this time, after the late Balham inquest, seems peculiarly applicable.

A. B——, aged twenty-eight, came under my care, suffering from ascites, afterwards complicated with an acute attack of bronchitis, of which he died. Whilst treating him I found out on the most indisputable evidence that he was a confirmed morphia taker, and that he had gradually increased the dose till for some weeks before his death he was in the habit of taking *daily* as much as *fifty grains* of the hydrochlorate. He used to weigh out that quantity, put it in an eight-ounce bottle, fill up the bottle with water, and gradually empty the bottle by taking small doses now and then. He had been in the Peninsular and Oriental service, and probably acquired the habit in China. Singularly enough, he would never own to it, though he admitted readily that he used to drink his bottle of brandy daily whilst in the tropics.

Yours truly,

May, 1877. M.B. LOND.

RUPTURE OF A UTERUS BY MOLESWORTH'S DILATORS.

At a late meeting of the Obstetrical Society of Philadelphia, Dr. A. H. Smith presented a uterus which had been ruptured at the fundus during dilatation by a Molesworth dilator. The patient, aged twenty-six, had an incomplete abortion, which seemed to warrant a dilatation of the os for the purpose of removing the remaining contents. The attempt was made with Molesworth's instruments, each tube being wrapped about one-half its length. The os yielded with less ease than is commonly observed after abortion, but in time became sufficiently open to permit the introduction of the finger. A prominence found near the fundus was supposed to be placental tissue. Under this impression, and with a desire to spare the patient further risk of hæmorrhage, No. 3 tube was again introduced, and carefully distended. Some resistance was realised in withdrawing it; and on its removal it seemed pouched at the end, as though that part only had been distended. It was then discovered that the uterine wall had been ruptured, so that the finger could be brought in direct contact with the lumbar vertebræ. The patient, still under the influence of ether, sank into a profound prostration, in which immediate death seemed inevitable. Under stimulants, however, she rallied, and lived nearly four days, passing through the ordinary symptoms of metro-peritonitis. It was stated that two very careful and conscientious practitioners had been in attendance.

Mr. Fraser.—The letter seemed unnecessary after the appearance of the report.

RÖTHELN.

To the Editor of THE LANCET.

SIR,—Seeing that cases of the disease known as röthein, or German measles, have been brought before the notice of the medical profession in the columns of THE LANCET by Dr. Julius Pollock as being of rare occurrence, and certainly interesting from their resemblance in certain particulars to both measles and scarlatina, and having myself watched the progress of many cases (probably as many as fifty) during a period of nine months, commencing with the end of June of last year, and ending in March of the present year (since when I have not seen or heard of a single case in the neighbourhood), I think the following facts, derived from observations during the continuance of the epidemic, may prove of interest to some of your readers.

1. The rash, which generally appears first on the forehead, extends over the face, neck, chest, arms, back, body, and legs in the order given. It is distinctly papular, though in blotches; rather duller in colour than the bright rash of scarlatina, but not so purple as that of measles, though the shade is liable to variation. It lasts about two days as a bright rash, gradually fading, and leaving a mottling of the skin, which persists for a few days.

2. Symptoms of coryza are not invariable, and in quite (if not more than) half the cases were absent; when present, the conjunctiva is affected more than the mucous membrane of the nose, and sneezing is not one of the symptoms of the disease, as in true measles.

3. The glandular enlargement is situated in the chain of glands behind the sterno-mastoid muscle (and from my own experience is never absent, and, in fact, has enabled me on two or three occasions, when some doubt at first existed as to the character of the rash, to say with certainty that it was röthein).

4. Sore-throat is generally complained of rather as a roughness, and does not interfere much with deglutition; the tonsils being swollen and injected, but not congested.

5. Desquamation in the shape of fine scurf often follows the eruption when the latter has been very decided, but is absent in many cases.

6. Headache is generally present during the day previous to the appearance of the rash, and sometimes persists throughout the days of eruption. The tongue, which is slightly furred, presents no appearance characteristic of the disease. More or less of swelling of the face accompanies the rash.

7. The period of incubation has been generally fourteen or fifteen days, never more, and rarely less.

8. Röthein does not appear to have any sequelæ, nor does it call for any particular plan of treatment, though, like Dr. Pollock, I have generally ordered salines; but have not always kept my patients to the house, much less to their beds.

9. This disease almost invariably attacks young people, girls rather than boys, and only on one occasion have I seen a married woman with röthein, and never an adult of the male sex.

I am, Sir, yours faithfully,

Newbury, May 19th, 1877. W. T. PARKER DOUGLAS.

Taurus.—The M.D. of Cambridge does not in itself preclude a man from dispensing either his own medicines or medicines for a public institution, that is, if he chooses to do so. But instances where it is done are uncommon; in fact, we know of none at the present time.

Mr. G. W. B. Hamilton.—We cannot recommend institutions of the class named.

ROUGE'S OPERATION FOR OZÆNA.

To the Editor of THE LANCET.

SIR,—In your journal of May 5th there is narrated a case of ozæna, in which Mr. Harrison Cripps removed some necrosed bone from the nostrils by what is called a "new operation"—i. e., the method described and practised by Dr. Rouge, of Lausanne. I think the operation should hardly be called "new," as this would lead your readers to suppose that experience of it was as yet wanting. This is, however, not the case; for Dr. Rouge published in 1873 eight cases of ozæna which he had thus treated, and soon after the publication of these—viz., in June, 1873,—I performed the operation, and have since then repeated it in four other cases (one of these being for the removal of polypous growths from the nasal cavities). Mr. Pollock and Mr. Holmes have also recently practised it. The operation is certainly an excellent one for giving free access to the nasal cavities, and Mr. Cripps's case is an illustration of its use in ozæna.

I am, Sir, yours obediently,

WARRINGTON HAWARD.

Montague-street, Portman-square, May 15th, 1877.

"A LUNATIC'S VICTIM."

UNDER this or some similar description correspondents are addressing the lay journals in the sense of the old plea for protection *against* the insane. Fear is expressed lest sympathy for the subjects of lunacy should render public opinion insensible to the claims of the community. This is, of course, a view of the subject which should not be neglected, but we apprehend little danger of its being overlooked. Meanwhile it is noteworthy that nearly all the serious assaults and "outrages" by lunatics have been the acts of individuals who, either recently or at some former period, were inmates of an asylum, and subjected to more or less rigorous "discipline." Where the treatment has been mild, and suasion rather than coercion its dominant principle, the impulse to injure those around has been minimised, and in the event of recurring excitement there has been no element of revenge, which plays an important part in the outbreak of relapsed cases not so wisely treated. Patients who have been once in an asylum not unfrequently become infuriated with strangers the moment a new paroxysm occurs. The dread of being placed under restraint mingles with the delusion, and gives motive to the excitement.

ALCOHOL IN HEALTH.

To the Editor of THE LANCET.

SIR,—Science has made such strides of late, that now we are taught by at least one of the medical journals that alcohol in any form or dose is an absolute poison to those in health.

We had hitherto been inclined to follow the practical example of our seniors, who were hospitable, took their wine in moderation, and managed to reach the good old age of eighty. It seems, however, that during nearly all these years they had been going through a process of slow poisoning, which at length compelled them prematurely to break down. There is a still sadder feature. Those who have been instructed that alcohol in any quantity is hurtful in health—the very men of all others who ought to set a good example to the public—assemble together in conviviality, and pour down their throats the poison they are taught to condemn. Perhaps, however, the profession look upon the "scientific" banning of alcohol as a mere crotchet, concerning which they do not care to trouble themselves. They may remember that the celebrated "counterblasts" have had no tendency to diminish the amount of tobacco consumed. They may consider that their true position consists in recommending abstinence from spirit-drinking to the younger part of the community, and moderation in the use of alcohol to all men who partake of it, and that a suggestion on their part of total abstinence to temperate people would not tend to raise them in public estimation, and might possibly be regarded as an impertinence.

Yours faithfully,

May, 1877. CERES.

Pax.—It is always difficult to play what is called a waiting game; but undoubtedly that is the only honourable course open to a practitioner who desires to obtain appointments held by other medical men. We can understand our correspondent's perplexity. He will, however, find his real interest advanced by discreet reserve.

APPEALS.

To the Editor of THE LANCET.

SIR,—Will you kindly permit the insertion of the following appeal for help in THE LANCET?

Miss Hacon, the daughter of a medical man who practised for many years at Aldborough, Norfolk, was left destitute at the death of her father. She supported herself and an invalid mother by keeping a small school. After the death of her mother, she opened a school in North Walsham, Norfolk, which she successfully maintained for several years, but has at length been compelled to give it up in consequence of continued bad health. She is now entirely destitute, and is anxious to emigrate to New Zealand, where she has a sister, her sole surviving relative. To enable her to do this she requires a sum of about £50 to provide necessary outfit &c. She will be assisted in her passage by the Emigration Society, and a sum of £29 has been raised amongst her immediate friends, and I venture to make this appeal to the profession to provide the necessary balance.

References are kindly permitted to Dr. Andrew Clark, 16, Cavendish-square; to the Rev. Dr. Owen, Vicar of North Walsham, Norfolk; and subscriptions will be thankfully received and acknowledged by,

Yours faithfully,

Aylsham, Norwich, May 15th, 1877. THOMAS PRANGLEY, M.R.C.S.

To the Editor of THE LANCET.

SIR,—Efforts are being made here, under the management of a reliable Committee, including some of the medical men in Greenock, to raise a fund for the unhappy wife and children of the late Dr. Dougall, who was cut down so suddenly last week by blood-poisoning consequent on a puncture he received during a post-mortem examination. He fell at the post of duty; fell in the prime of life; fell just when he was struggling up from difficulty to a position in which he might by-and-bye have made provision for those dependent upon him. But cut down, as he has been, so soon and so suddenly, his poor widow and family of eight children (the oldest still a boy, the youngest a baby of five months), are left in a manner destitute. I understand there will be enough to pay all that is owing; but that done, the widow and this large family of children are left without provision. It is a case calling earnestly for immediate and practical sympathy. I trust there are many in Glasgow who will lend their aid. I shall be glad to take charge of any contributions that may be committed to my care. Trusting that help may come in,

I remain &c.,

Ashton Manse, Greenock, May 14th, 1877. DAVID MACRAE.

P.S.—Dr. Fergus, President of the Faculty of Physicians and Surgeons, Glasgow, is taking a kindly interest in this case, and has given the Fellows an opportunity of subscribing by placing a copy of the letter in the Faculty Hall. In addition, however, it has been thought desirable to bring the case before the profession generally, in the hope that the fund may be thereby effectively augmented. Contributions may be sent either to the Rev. David Macrae, Ashton Manse, Greenock, Scotland; or to Mr. Duncan, Secretary and Librarian, Faculty of Physicians and Surgeons, Glasgow.

DEFECTS IN THE PUBLIC HEALTH ACTS.

THE medical officer of health for Leeds, Dr. Goldie, in a recently issued report on the sanitary condition of his borough, describes the 128th section of the Public Health Acts—which permits a person having scarlet fever in the house to obtain a certificate from any legally qualified practitioner, stating that the house and all articles which have been exposed to infection have been thoroughly disinfected, and are free from danger—a very dangerous enactment, and a powerful obstacle to sanitary progress. He believes the profession to a man are of opinion that the ordinary process of disinfection by sulphur fumes is a mockery. Dr. Goldie's experience teaches him that this incomplete disinfection is the most prolific source of school infection. He would ask for a more thorough process, and all infected articles should be dealt with by the sanitary authorities, and at least subjected to a dry heat of great intensity, which cannot be obtained in any private house he has yet seen. In Leeds the authorities disinfect every article sent to them free of cost, and keep a staff of responsible men for the purpose of cleansing all infected houses at the cost of the ratepayers, thus doing more than the law demands.

DENTAL REFORM.

To the Editor of THE LANCET.

SIR,—I am requested by the Fellows of the Association of Surgeons practising Dental Surgery to send you a copy of certain resolutions passed at a general meeting of that Society on May 2nd, 1877, which were forwarded to the Council of the Royal College of Surgeons in repudiation of certain charges which have been widely promulgated, despite their incorrectness, by some whose opinions are not in accordance with those of the Association. I may add that these resolutions have been fully subscribed to.

Your obedient servant,
HAMILTON S. CARTWRIGHT, Hon. Sec.

Old Burlington-street, W., May, 1877.

Resolutions passed at a General Meeting of the Association of Surgeons practising Dental Surgery, held at 11, *Chandos-street, May* 2*nd*, 1877.

1. That the Fellows of the Association of Surgeons practising Dental Surgery beg to state emphatically, in answer to certain charges brought against them, which have been promulgated very widely, of surreptitiously obtaining signatures, which were said to have been appended to a memorial recently presented to the College of Surgeons by them, that no signatures were appended at all; but that it was unanimously decided at a general meeting of the Association that the names of its members should accompany the document, to show how large a proportion of surgeons engaged in the practice of dental surgery were members of the Society; the document in question being alone *signed* by the Chairman of the Association.

2. It having been also erroneously charged against certain Fellows of the Association that they "have signed a memorial tending to degrade and eventually do away with the dental diploma of the Royal College of Surgeons," the Association desires it to be understood they have no such intention; but, on the contrary, they desire to see that diploma exalted in every respect.

3. They much regret these unfounded accusations against the Association and its Fellows, as likely to produce party feeling in the profession, and as most capable of defeating the object, it is hoped all its members, however much they may differ as to the way of advancing it, have in common—viz., the elevation of the speciality of dental surgery from the position it at present unfortunately holds.

LONGEVITY.

It is claimed for Mr. Edward Morgan, of Brougham House, Willesden, that he has lived 106 years, having been born on the 21st of May, 1770. A Mrs. Timmins, of Nechills, Birmingham, was born at Kidderminster on the 14th of March, 1775, and died on Friday week, 101 years old. Not long ago sceptical people expressed a doubt as to the authenticity of cases in which life was alleged to extend over a century. It would be interesting to have the medical history of these aged folk. Had they ordinary experiences of disease threatening the life so prolonged? Or did they enjoy immunity from serious danger, as well as escape the peril of decease?

R. C. S.—Bryant's Surgery.

DISPENSING BOTTLES.

To the Editor of THE LANCET.

SIR,—I shall be glad to learn from any one of your subscribers, through the medium of THE LANCET or otherwise, where properly graduated dispensing bottles with the old conventional word "tablespoon" impressed upon them can be obtained. No reliance can be placed on the dose a patient might take if directed to be taken by the "spoon," as they so frequently vary in size. A few days ago one of mine swallowed an eight-ounce mixture, containing full doses of belladonna, in five instead of eight doses, purely on account of the capacity of her spoon, producing the toxic effect of that drug.

Yours faithfully,
Cardiff, May 14th, 1877. TYRO.

Ignotus, (Liverpool.)—The Governor of Madras in Council has, we believe, ruled that municipal commissioners, who are in other respects private individuals, cannot claim the gratuitous services of Government medical officers.

Mr. E. P. Edwards.—There is not, as far as we are aware, a legal enactment against the practice, although it is on many grounds reprehensible.

SULPHUR SPRING BATHS.

To the Editor of THE LANCET.

SIR,—In answer to "A Mother," strong sulphur springs will be found at Harrogate, in Yorkshire; at the old sulphur well in the Royal Pump-room; and also in the Montpellier-gardens. These waters are taken internally, and also used as baths.

Yours &c.,
Fairford, May 16th, 1877. ALFRED CHARLTON.

F. W. A. is suffering from an entire misapprehension when he thinks that harm is done by "fever-charged air from hospitals," and that such harm "is admitted by most medical and scientific men." The fact is just the contrary; hence his ingenuity is exercised upon an imaginary evil. The system of ventilation he recommends for hospitals (less his notion of purifying the air extracted from the wards) is one which has had abundant trial in England, and which we believe he may now study in action in some hospitals on the Continent, and in not a few hospitals in the United States. In this country experience is wholly against it, and we are not aware of a single hospital which still continues it. In the United States and northern parts of Europe, where the temperature sinks very low in winter, a system of artificial ventilation is a necessity for hospitals, but an unfortunate one, as experience teaches. In answer, therefore, to the two questions "F. W. A." puts to us, we would say (1) that the use of heat for destroying vitiated matter contained in hospital air, assuming it to be efficient for this purpose, is quite superfluous; and (2) that the means he suggests for the purpose would be practicable in this country only at the cost of increasing the mortality among the patients.

MEDICAL HISTORIES.

To the Editor of THE LANCET.

SIR,—If I shall not be trespassing too much on your valuable space, I shall be glad to bring before the notice of the profession the following case.

A lady came on board my ship as a passenger, stating she was suffering from neuralgia, and requested me to inject hypodermically twenty minims of morphia, the strength of the solution, which she brought with her, being four grains to one drachm. This I did not like to give her without any previous knowledge of her medical history; but by beginning with a much smaller dose I soon found she could stand the dose she had requested me to inject.

Now I think it would only be fair to the surgeons of large passenger-ships for medical men, who are sending out patients to the East or elsewhere, to write a medical history of the case to the surgeon of the ship, and especially so in a case like the preceding.

I may state that during the time this lady was on board (thirty days) she took over eighty grains of morphia hypodermically, and I cannot say what quantity she would have taken only I took opportunity of diluting the solution without her knowledge. I found that this was the only course to pursue, as she never left it to my own discretion what dose to give her.

I have now made several voyages out to the East, and have only had the medical history of one patient sent direct to me. Patients themselves sometimes have them, and in these cases they generally keep them locked up, and the surgeon never sees them.

Giving publicity to the above may be the means of greatly assisting the surgeons of the mercantile marine.

Yours faithfully,
Calcutta, April 13th, 1877. W. H.

J. C.—Thanks. Nouns of common gender will, it appears, henceforth have to be used more frequently than of yore in connexion with such announcements.

Mr. W. E. Moses (Wolverhampton) and *L. P. S.* should apply to the Secretary of the Red Cross Society, Craven-street, Strand.

PRESENTATION IN TWIN LABOUR.

To the Editor of THE LANCET.

SIR,—The recent discussion among your correspondents on the subject of presentation in twin labours recalls to my recollection a remarkable one which came under my notice in my early days of practice in the north of Devon.

The case on arriving was found to be a footling one, and it for some time puzzled me exceedingly, as I think it would have done even a more experienced practitioner. In fact, the head of a second child was born before the head of the one first presenting, overlapping as they did each other on their necks. It need scarcely be said that, although well grown, both died on their passage into the world. The mother did well, and since gave birth to living children.

I have searched authorities in vain for a similar case, and should be glad to know if any of your correspondents have met with anything like it.

I am, Sir, yours &c.,
May 17th, 1877. HENRY WEEKS, F.R.C.S.

M.D.—The late Dr. Cape and Sir Charles Locock respectively held the offices of Physician and Consulting Physician to the General Lying-in Hospital, York-road, Lambeth, for forty years.

BIBLE FLOWER MISSION.

To the Editor of THE LANCET.

SIR,—During the last few weeks there has been some correspondence in your journal concerning the supply of flowers for hospitals, and a desire was expressed that ladies should undertake such work to cheer the sufferers in this great city. May I, as honorary secretary to the Bible Flower Mission, ask you to make known the existence of our Society, the objects of which are to supply fresh cut flowers regularly every fortnight to each patient in the London hospitals, infirmaries, and sick asylums, and with each bouquet to give a text of scripture. A volunteer staff of ladies take round these bouquets, and speak a kind word to each patient. This work is greatly valued by the sick, by doctors, and chaplains. But, it may be asked, how is it then that so many know nothing of such a Society? I reply that there are many hospitals where our bouquets are not welcome on account of the texts of scripture attached to them; and as our rule is never to give flowers without God's word, we are unwillingly compelled to leave five of our London hospitals unvisited. Should the authorities give permission, we are willing and able to undertake fortnightly supplies all the year round.

Yours faithfully,
S. BEWSHER, Hon. Secretary.

Laurence Pountney-hill, Cannon-street, May, 1877.

KING'S COLLEGE HOSPITAL.

Two most successful performances by amateurs were held at Bridgwater House on the 14th and 15th instant in aid of funds for founding a Convalescent Home in connexion with King's College Hospital. The pieces selected were "Cyril's Success" and "My Uncle's Will." A more perfect company of amateurs was never got together. Indeed the acting of the Hon. Mrs. Wrottesley and Mrs. Monckton would have bespoken high art even amongst professionals; whilst among the gentlemen, the same may be said of the acting of Mr. Twiss and of that of Mr. Maclean. Lady Sebright also undertook two arduous parts with much spirit. The arrangements were admirable, and reflected the greatest credit upon Mrs. Playfair, who was the *deus ex machinâ* of the whole undertaking, most generously and kindly aided by the good offices of Lord and Lady Ellesmere, the former ably assisting in the performance. The receipts amounted to nearly £700.

CASE OF CHRONIC PEMPHIGUS.

To the Editor of THE LANCET.

SIR,—A female patient of mine, married, with large family, aged forty-two, of French extraction, has had constant crops of this disease upon the back, breasts, head, and limbs for six months past, consequent upon a residence for two years at Freiburg, where she suffered from fetid urine. This last symptom disappeared after the use of Ems water. The bullæ are large, oval, filled with opaque serum, have no preceding pain or redness, and recur upon the very same spot very frequently. Menstruation has been once missed (recently); but all the secretions and functions of the body are otherwise healthy, save that the skin has been of late free from all sensible perspiration. As the disease has not yielded to arsenic, iron, tonics, alkalies, acids, alteratives, &c., but is rather worse than better, may I ask your readers to recommend what drugs, applications, diet, drinks, changes in habit, climate, &c., they would advise in this obstinate case, and to say if they have ever known the disease to prove directly or indirectly fatal.

Yours truly,

Shepton Mallet, May 16th, 1877. F. PORTER SMITH.

WE must ask the indulgence of our correspondents and contributors in respect of the temporary postponement of publication of various communications, which we should gladly have inserted this week but for the large space again occupied by the report of the meeting of the General Medical Council.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Dr. Brown-Séquard, Paris; Mr. W. Adams, London; Dr. Braxton Hicks, London; Mr. Maunder, London; Mr. W. Rivington, London; Mr. Gay; Dr. Morell Mackenzie, London; Mr. Dalby, London; Dr. Richardson, London; Dr. Radcliffe, London; Mr. Callender, London; Hon. G. Parnell; Mr. Hood; Dr. Speedy, Dublin; Dr. Gramshawe, Dublin; Mr. Crossley; Mr. Hawksley; Captain Hay, Wolverhampton; Mr. Back; Dr. Lindsay, Mickleover; Mr. White, London; Mr. C. Higgens, London; Mr. Bird, Lytham; Messrs. Curtis and Co., London; Mr. Fraser, Knutsford; Miss Jenkins, London; Mr. Weekes, Barcelona; Mr. Wood, Boston; Mr. Keay, Eastbourne; Dr. GreatRex, Lawton; Mr. J. F. Smith, London; Messrs. Wirth and Co., Frankfort-on-the-Maine; Mr. Mackenzie, Rugby; Mr. Sankey, London; Mr. Amery, Swansea; Dr. Butler, London; Dr. Russell, Glasgow; Mr. Moses, Wolverhampton; Dr. Lewis, Kensington; Mr. Le Page, Aberdovey; Mr. Horday, London; Mr. Livsey, Liverpool; Messrs. Westermann and Co., New York; Mr. Strang, Penge; Mr. Wells; Dr. E. W. Symes, Halifax; Mr. Fleming; Mr. Prideaux, Scarborough; Mr. Anningow; Dr. S. C. Reid, London; Mr. Denton, London; Mr. Bond, West Bromwich; Dr. Moxon; Dr. Fairbank, Doncaster; Mr. Murray, Edinburgh; Mr. O'Connor; Mr. D. B. Von Carains, Leeds; Mr. Turner, Holmwood; Mr. Wingate; Mr. Trench; Mr. Attfield; Mr. Johnston, Glasgow; Mr. Campbell; Dr. Hastings; Dr. Johnstone, Alton; Mr. Dean, Derby; Mr. Puzey, Liverpool; Mr. Bust, Nottingham; Mr. Sheaf, Barrow-in-Furness; Mr. Green, Beverley; Mr. Whitford; Mr. Teevan; Mr. Tomlinson, Maldon; Mr. Savage; Dr. Wilson, Hillhead; The Registrar-General of Edinburgh; J. R. C.; R. C. S.; F. W. A.; Sidonia; Borneo; R. W.; Alpha; Medical Student; Medicus; Hemlock; Pax; Fides; Cumberland; E. S. S. E.; Hastings; A London Physician; T. F.; F.R.C.S.; J. H.; T. W.; L. P. S.; One who Lives and Learns; Surgeon, Indian Medical Service; J. C.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Williams, Croydon; Mr. Whitley, Truro; Messrs. Robinson and Cleaver, Belfast; Mr. Nestle, London; Dr. Bolton, Bangor; Messrs. Hilliard and Sons, Glasgow; Dr. Orton, Crouch End; Dr. Fawcett, Oldham; Dr. Halton, Barnsley; Mr. Binks, Wakefield; Mr. B. Smith, Brighton; Mr. Brown, Dorchester; Dr. Davies, Cymer; Mr. Buckell; Mr. Cooper; Mr. Coates, Tredegar; Mr. Buckland, Plymouth; Mr. Longman; Mr. Whitmarsh; Dr. Thurstfield; Mr. Macnab, Stirling; Mr. Mottershead, Manchester; Mr. Watterson, Lymington; Mr. Leake; Mr. Phillips, Hales-Owen; Alpha, London; R. Q.; R. C.; Lex; M. D., London; M. J., Poplar; X. X., Wigan; Medicus, Sheffield; Alpha, Kidsgrove; Medicus, Leamington; M. D., Derby; Medicus, Westminster; M. B., Derby; M. R., Southsea; F. M., Halifax; Delta, Newcastle-on-Tyne; R., Alfreton; R. S.; ——, Manchester; Medicus, Wigan; M., Instow; Medicus, Edinburgh; S. S. S., Silloth; Alpha, St. Helen's; R. T.

Tower Hamlets Independent, Daily Courier, Sunderland Daily Echo, Sunday Times, Sheffield Daily Telegraph, Glasgow News, Newcastle Daily Chronicle, Leeds Mercury, Western Morning News, and *Daily Post* have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Stewart's Instruments.)

THE LANCET OFFICE, MAY 24TH, 1877.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall	Remarks at 8 A.M.
May 18	29·98	S.	51	56	99	64	46	0·16	Fine
" 19	29·87	W.	50	53	87	57	48	...	Raining
" 20	30·09	W.	51	53	...	56	46	0·03	Overcast
" 21	30·19	N.E.	47	50	91	57	46	...	Cloudy
" 22	30·22	N.E.	46	48	...	52	44	0·16	Raining
" 23	30·24	N.E.	42	46	...	53	41	...	Cloudy
" 24	30·22	E.	44	49	...	59	43	...	Cloudy

Medical Diary for the ensuing Week.

Monday, May 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 29.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Dewar, "On Davy's Chemical Philosophy."

Wednesday, May 30.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, May 31.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat."

Friday, June 1.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—9 P.M. Mr. Oscar Browning, "On the History of Education."

Saturday, June 2.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. C. T. Newton, "On the Discoveries at Mycenæ."

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can be forwarded only as book packets, and *prepaid* as such.

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